

Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



William J & Indra Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

| | | | |
|--|--|------------|-------------|
| Balance Due/Refund | Your federal tax return (Form 1040) shows a balance due of \$4,782.00. | | |
| | Your return shows you have elected to pay your balance due of \$4,782.00 by Direct Debit using the following information: | | |
| | - Amount Withdrawn: | \$4,782.00 | |
| | - Account Number: | 55010943 | |
| | - Routing Transit Number: | 021000089 | |
| | - Date of Withdrawal: | 04/09/2017 | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) Printed copy of your federal return | | |
| 2016 Federal Tax Return Summary | Adjusted Gross Income | \$ | 219,880.00 |
| | Taxable Income | \$ | 177,377.00 |
| | Total Tax | \$ | 33,520.00 |
| | Total Payments/Credits | \$ | 28,921.00 |
| | Payment Due | \$ | 4,599.00 |
| | Penalty/Interest | \$ | 183.00 |
| | Balance Due With Penalty/Interest | \$ | 4,782.00 |
| | Effective Tax Rate | | 15.24% |
| Estimated Payments to Make for Next Year's Return | Estimated Payments for 2017 - Do not mail these vouchers with your 2016 income tax return. The estimated vouchers displayed below are used to prepay your 2017 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2017, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES). | | |
| | Mail payments according to the schedule below: | | |
| | Voucher Number | Due Date | Amount |
| | 1 | 04/18/2017 | \$ 4,238.00 |
| | 2 | 06/15/2017 | \$ 4,238.00 |
| | 3 | 09/15/2017 | \$ 4,238.00 |
| | 4 | 01/16/2018 | \$ 4,238.00 |
| | Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check. | | |
| | Mail payments to: Internal Revenue Service P.O. Box 37007 Hartford, CT 06176-7007 | | |

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2017**

2017 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,238.

REV 01/25/17 TTW

1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201712 430

-----▼ Detach Here and Mail With Your Payment ▼-----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2017**

2017 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,238.

REV 01/25/17 TTW 1555

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HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/15/2017**

2017 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,238.

REV 01/25/17 TTW

1555

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PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201712 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/16/2018**

2017 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,238.

REV 01/25/17 TTW

1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201712 430

| | | | | |
|---|--|-------------------------------|---------------------|--|
| For the year Jan. 1–Dec. 31, 2016, or other tax year beginning | | , 2016, ending | , 20 | See separate instructions. |
| Your first name and initial | | Last name | | Your social security number |
| William J | | Mattiace | | 117-52-2618 |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number |
| Indra | | Mattiace | | 071-62-9248 |
| Home address (number and street). If you have a P.O. box, see instructions. | | | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| 186 Locust Street | | | PVT | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | | | | Presidential Election Campaign |
| Floral Park NY 11001 | | | | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |
| Foreign country name | | Foreign province/state/county | Foreign postal code | <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse |

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

If more than four dependents, see instructions and check here ▶ ☐

2

| | | | | |
|---|-----|--|-----|----------|
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 174,689. |
| | 8a | Taxable interest. Attach Schedule B if required | 8a | 0. |
| | b | Tax-exempt interest. Do not include on line 8a | 8b | |
| | 9a | Ordinary dividends. Attach Schedule B if required | 9a | 9,779. |
| | b | Qualified dividends | 9b | 8,867. |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input checked="" type="checkbox"/> | 13 | 32,198. |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | 15a | IRA distributions | 15a | |
| | b | Taxable amount | 15b | 3,214. |
| | 16a | Pensions and annuities | 16a | |
| | b | Taxable amount | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Social security benefits | 20a | |
| | b | Taxable amount | 20b | |
| | 21 | Other income. List type and amount | 21 | |
| | 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 219,880. |

| | | | | |
|-----------------------|-----|--|-----|----------|
| Adjusted Gross Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| | 32 | IRA deduction | 32 | |
| | 33 | Student loan interest deduction | 33 | |
| | 34 | Tuition and fees. Attach Form 8917 | 34 | |
| | 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| | 36 | Add lines 23 through 35 | 36 | |
| | 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 219,880. |

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

| | | | |
|------------|---|-----------|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 219,880. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a | | |
| | if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 34,403. |
| 41 | Subtract line 40 from line 38 | 41 | 185,477. |
| 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 8,100. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 177,377. |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 31,781. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 2,040. |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 33,821. |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | 151. |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | 150. |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | 301. |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 33,520. |

Other Taxes

| | | | |
|------------|---|------------|---------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 33,520. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------------|--|------------|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 19,921. |
| 65 | 2016 estimated tax payments and amount applied from 2015 return | 65 | 9,000. |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election 66b | 66b | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 28,921. |

Refund

Direct deposit? See instructions.

| | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | | | | | | | | | | | | | | | | | | | | | |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | | | | | | | | | | | | | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| d | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| 77 | Amount of line 75 you want applied to your 2017 estimated tax | 77 | | | | | | | | | | | | | | | | | | | | | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 4,782. | | | | | | | | | | | | | | | | | | | | |
| 79 | Estimated tax penalty (see instructions) | 79 | 183. | | | | | | | | | | | | | | | | | | | | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

| | | |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
| | | |

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|--|---|
| Your signature | Date | Your occupation Computer programmer | Daytime phone number (516) 488-7153 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation Dietitian | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Self-Prepared | Firm's EIN | | |
| Firm's address | | Phone no. | | |

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions****► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

| | | | | |
|--|--|---|------------------|--------|
| Caution: Do not include expenses reimbursed or paid by others. | | | | |
| Medical and Dental Expenses | 1 Medical and dental expenses (see instructions) | 1 | | |
| | 2 Enter amount from Form 1040, line 38 2 | | | |
| | 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | | |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| Taxes You Paid | 5 State and local (check only one box): | | | |
| | a <input checked="" type="checkbox"/> Income taxes, or | 5 | 14,535. | |
| | b <input type="checkbox"/> General sales taxes | | | |
| | 6 Real estate taxes (see instructions) | 6 | 12,361. | |
| | 7 Personal property taxes | 7 | | |
| | 8 Other taxes. List type and amount ► | 8 | | |
| | 9 Add lines 5 through 8 | | 9 26,896. | |
| | Interest You Paid Note: Your mortgage interest deduction may be limited (see instructions). | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 630. |
| 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | | 11 | | |
| 12 Points not reported to you on Form 1098. See instructions for special rules | | 12 | 16. | |
| 13 Mortgage insurance premiums (see instructions) | | 13 | | |
| 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | 14 | | |
| 15 Add lines 10 through 14 | | | 15 646. | |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 2,250. |
| | | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | 40. |
| | 18 Carryover from prior year | 18 | | |
| | 19 Add lines 16 through 18 | | 19 2,290. | |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 20 | | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► <u>Employee business expenses</u> | 21 | 8,589. | |
| | 22 Tax preparation fees | 22 | 80. | |
| | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► <u>Magazines, and books for investment</u> | 23 | 300. | |
| | 24 Add lines 21 through 23 | 24 | 8,969. | |
| | 25 Enter amount from Form 1040, line 38 25 219,880. | | | |
| | 26 Multiply line 25 by 2% (0.02) | 26 | 4,398. | |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 4,571. | |
| | Other Miscellaneous Deductions | 28 Other—from list in instructions. List type and amount ► | 28 | |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$155,650? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 34,403. | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | |

SCHEDULE B
(Form 1040A or 1040)(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**▶ **Attach to Form 1040A or 1040.**▶ **Information about Schedule B and its instructions is at www.irs.gov/scheduleb.**

OMB No. 1545-0074

2016
Attachment
Sequence No. **08**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I
Interest(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)**Note:** If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶
CHARLES SCHWAB & CO., INC.

Amount

0.36

1

- 2** Add the amounts on line 1 **2** 0.36
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ **4** 0.36

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****Part II**
Ordinary Dividends(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)**Note:** If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5** List name of payer ▶ Tweedy Browne Funds
The Royce Funds
Fairholme Funds
Selected Funds
Harbor Funds
Vanguard

5,504.02
91.91
921.73
1,634.91
1,336.39
289.67**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ **6** 9,778.63

Note: If line 6 is over \$1,500, you must complete Part III.**Part III**
Foreign Accounts and Trusts(See
instructions on
back.)You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| Yes | No |
|-----|----|
| | X |
| | |
| | |
| | X |

- 7a** At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Alternative Minimum Tax—Individuals► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | |
|--|-----------|----------|
| 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 185,477. |
| 2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | |
| 3 Taxes from Schedule A (Form 1040), line 9 | 3 | 26,896. |
| 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line | 4 | |
| 5 Miscellaneous deductions from Schedule A (Form 1040), line 27. | 5 | 4,571. |
| 6 If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions | 6 | (0.) |
| 7 Tax refund from Form 1040, line 10 or line 21 | 7 | () |
| 8 Investment interest expense (difference between regular tax and AMT). | 8 | |
| 9 Depletion (difference between regular tax and AMT) | 9 | |
| 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| 11 Alternative tax net operating loss deduction | 11 | () |
| 12 Interest from specified private activity bonds exempt from the regular tax | 12 | |
| 13 Qualified small business stock, see instructions | 13 | 0. |
| 14 Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | |
| 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| 17 Disposition of property (difference between AMT and regular tax gain or loss) | 17 | 0. |
| 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | |
| 19 Passive activities (difference between AMT and regular tax income or loss) | 19 | |
| 20 Loss limitations (difference between AMT and regular tax income or loss) | 20 | |
| 21 Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 Mining costs (difference between regular tax and AMT) | 23 | |
| 24 Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 Income from certain installment sales before January 1, 1987 | 25 | () |
| 26 Intangible drilling costs preference | 26 | |
| 27 Other adjustments, including income-based related adjustments | 27 | |
| 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.) | 28 | 216,944. |

Part II Alternative Minimum Tax (AMT)

| | | |
|--|-----------|----------|
| 29 Exemption. (If you were under age 24 at the end of 2016, see instructions.) | | |
| IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . | | |
| Single or head of household \$119,700 \$53,900 | } | |
| Married filing jointly or qualifying widow(er) 159,700 83,800 | | |
| Married filing separately 79,850 41,900 | | |
| If line 28 is over the amount shown above for your filing status, see instructions. | 29 | 69,489. |
| 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 | 30 | 147,455. |
| 31 <ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. | 31 | 33,821. |
| 32 Alternative minimum tax foreign tax credit (see instructions) | 32 | 151. |
| 33 Tentative minimum tax. Subtract line 32 from line 31 | 33 | 33,670. |
| 34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) | 34 | 31,630. |
| 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | 2,040. |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|---|--|-----------|----------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 | 36 | 147,455. |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 37 | 41,065. |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 39 | 41,065. |
| 40 | Enter the smaller of line 36 or line 39 | 40 | 41,065. |
| 41 | Subtract line 40 from line 36 | 41 | 106,390. |
| 42 | If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . ▶ | 42 | 27,661. |
| 43 | Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. | 43 | 75,300. |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 44 | 136,312. |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | 0. |
| 46 | Enter the smaller of line 36 or line 37 | 46 | 41,065. |
| 47 | Enter the smaller of line 45 or line 46. This amount is taxed at 0% | 47 | 0. |
| 48 | Subtract line 47 from line 46 | 48 | 41,065. |
| 49 | Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household | 49 | 466,950. |
| 50 | Enter the amount from line 45 | 50 | 0. |
| 51 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter | 51 | 136,312. |
| 52 | Add line 50 and line 51 | 52 | 136,312. |
| 53 | Subtract line 52 from line 49. If zero or less, enter -0- | 53 | 330,638. |
| 54 | Enter the smaller of line 48 or line 53 | 54 | 41,065. |
| 55 | Multiply line 54 by 15% (0.15) ▶ | 55 | 6,160. |
| 56 | Add lines 47 and 54 | 56 | 41,065. |
| If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. | | | |
| 57 | Subtract line 56 from line 46 | 57 | 0. |
| 58 | Multiply line 57 by 20% (0.20) ▶ | 58 | 0. |
| If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. | | | |
| 59 | Add lines 41, 56, and 57 | 59 | |
| 60 | Subtract line 59 from line 36 | 60 | |
| 61 | Multiply line 60 by 25% (0.25) ▶ | 61 | |
| 62 | Add lines 42, 55, 58, and 61 | 62 | 33,821. |
| 63 | If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result | 63 | 38,338. |
| 64 | Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 | 64 | 33,821. |

Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name

Indra Mattiace

Occupation in which you incurred expenses

Dietitian

Social security number

071-62-9248

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

| | Column A Other Than Meals and Entertainment | Column B Meals and Entertainment |
|---|--|---|
| 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) | 1 1,498. | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 30. | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment. | 3 350. | |
| 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 1,476. | |
| 5 Meals and entertainment expenses (see instructions) | 5 | 400. |
| 6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 | 6 3,354. | 400. |

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

| | | |
|---|----------|--|
| 7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions). | 7 | |
|---|----------|--|

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

| | | |
|--|-----------------|--------|
| 8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) | 8 3,354. | 400. |
| Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return. | | |
| 9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) | 9 3,354. | 200. |
| 10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . ▶ | 10 | 3,554. |

Part II Vehicle Expenses**Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

| | | (a) Vehicle 1 | (b) Vehicle 2 |
|-----------|--|---|---------------|
| 11 | Enter the date the vehicle was placed in service | 11 01/01/2011 | |
| 12 | Total miles the vehicle was driven during 2016 | 12 8,000 miles | miles |
| 13 | Business miles included on line 12 | 13 2,100 miles | miles |
| 14 | Percent of business use. Divide line 13 by line 12 | 14 26.25 % | % |
| 15 | Average daily roundtrip commuting distance | 15 8 miles | miles |
| 16 | Commuting miles included on line 12 | 16 4 miles | miles |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 | 17 5,896 miles | miles |
| 18 | Was your vehicle available for personal use during off-duty hours? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19 | Do you (or your spouse) have another vehicle available for personal use? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 20 | Do you have evidence to support your deduction? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21 | If "Yes," is the evidence written? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Section B—Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

| | | |
|-----------|---|-----------|
| 22 | Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 | 22 |
|-----------|---|-----------|

Section C—Actual Expenses

| | | (a) Vehicle 1 | (b) Vehicle 2 |
|------------|---|---------------|---------------|
| 23 | Gasoline, oil, repairs, vehicle insurance, etc. | 23 | 3,930. |
| 24a | Vehicle rentals | 24a | |
| b | Inclusion amount (see instructions) | 24b | |
| c | Subtract line 24b from line 24a | 24c | |
| 25 | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) | 25 | |
| 26 | Add lines 23, 24c, and 25. | 26 | 3,930. |
| 27 | Multiply line 26 by the percentage on line 14 | 27 | 1,032. |
| 28 | Depreciation (see instructions) | 28 | 466. |
| 29 | Add lines 27 and 28. Enter total here and on line 1 | 29 | 1,498. |

Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

| | | (a) Vehicle 1 | (b) Vehicle 2 |
|-----------|--|--------------------|---------------|
| 30 | Enter cost or other basis (see instructions) | 30 23,000. | |
| 31 | Enter section 179 deduction and special allowance (see instructions) | 31 | |
| 32 | Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). | 32 6,038. | |
| 33 | Enter depreciation method and percentage (see instructions) | 33 SL 10.00 | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions) | 34 | 604. |
| 35 | Add lines 31 and 34 | 35 | 604. |
| 36 | Enter the applicable limit explained in the line 36 instructions | 36 1,775. | |
| 37 | Multiply line 36 by the percentage on line 14 | 37 | 466. |
| 38 | Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above | 38 | 466. |

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

| | | |
|---------------------------------|--|---------------------------------------|
| Your name William J Mattiace | Occupation in which you incurred expenses Computer Programmer | Social security number 117-52-2618 |
|---------------------------------|--|---------------------------------------|

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | | |
|---|---|---|--------|
| 1 | Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here | 1 | |
| 2 | Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 | |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | |
| 4 | Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 | 4,885. |
| 5 | Meals and entertainment expenses: \$ <u>300.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) | 5 | 150. |
| 6 | Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 5,035. |

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a Business b Commuting (see instructions) c Other
- 9 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 10 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 11a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Residential Energy Credits► Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016Attachment
Sequence No. **158**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2015**.

| | | | |
|-----------|--|-----------|---|
| 1 | Qualified solar electric property costs | 1 | |
| 2 | Qualified solar water heating property costs | 2 | |
| 3 | Qualified small wind energy property costs | 3 | |
| 4 | Qualified geothermal heat pump property costs | 4 | |
| 5 | Add lines 1 through 4 | 5 | |
| 6 | Multiply line 5 by 30% (0.30) | 6 | |
| 7a | Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ► Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11. | 7a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b | Print the complete address of the main home where you installed the fuel cell property. | | |
| | Number and street Unit No. | | |
| | City, State, and ZIP code | | |
| 8 | Qualified fuel cell property costs | 8 | |
| 9 | Multiply line 8 by 30% (0.30) | 9 | |
| 10 | Kilowatt capacity of property on line 8 above ► _____ x \$1,000 | 10 | |
| 11 | Enter the smaller of line 9 or line 10 | 11 | |
| 12 | Credit carryforward from 2015. Enter the amount, if any, from your 2015 Form 5695, line 16 | 12 | |
| 13 | Add lines 6, 11, and 12 | 13 | |
| 14 | Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) | 14 | |
| 15 | Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 | 15 | |
| 16 | Credit carryforward to 2017. If line 15 is less than line 13, subtract line 15 from line 13 | 16 | |

Part II Nonbusiness Energy Property Credit

| | |
|---|--|
| 17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ► Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II. | 17a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. <div style="text-align: center;"> <u>186 Locust Street PVT</u> Number and street Unit No. <u>Floral Park NY 11001</u> City, State, and ZIP code </div> | |
| c Were any of these improvements related to the construction of this main home? ► Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home. | 17c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . | 18 |
| 19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions). | |
| a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC | 19a |
| b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements | 19b |
| c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home | 19c |
| d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements | 19d |
| e Maximum amount of cost on which the credit can be figured | 19e \$2,000 |
| f If you claimed window expenses on your Form 5695 prior to 2016, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- | 19f 0. |
| g Subtract line 19f from line 19e. If zero or less, enter -0- | 19g 2,000. |
| h Enter the smaller of line 19d or line 19g | 19h 0. |
| 20 Add lines 19a, 19b, 19c, and 19h | 20 0. |
| 21 Multiply line 20 by 10% (0.10) | 21 0. |
| 22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions). | |
| a Energy-efficient building property. Do not enter more than \$300 | 22a |
| b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . | 22b 150. |
| c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 | 22c |
| 23 Add lines 22a through 22c | 23 150. |
| 24 Add lines 21 and 23 | 24 150. |
| 25 Maximum credit amount. (If you jointly occupied the home, see instructions) | 25 500. |
| 26 Enter the amount, if any, from line 18 | 26 |
| 27 Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit | 27 500. |
| 28 Enter the smaller of line 24 or line 27 | 28 150. |
| 29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) | 29 33,670. |
| 30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 | 30 150. |

Tax History Report

2016

► Keep for your records

Name(s) Shown on Return

William J & Indra Mattiace

| | Five Year Tax History: | | | | |
|--|------------------------|----------|----------|----------|----------|
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| Filing status | MFJ | MFJ | MFJ | MFJ | MFJ |
| Total income | 172,757. | 177,838. | 192,496. | 225,656. | 219,880. |
| Adjustments to income | | | | | |
| Adjusted gross income | 172,757. | 177,838. | 192,496. | 225,656. | 219,880. |
| Tax expense | 19,066. | 23,539. | 23,805. | 24,994. | 26,896. |
| Interest expense . . . | 3,459. | 2,812. | 2,129. | 1,408. | 646. |
| Contributions | 1,090. | 2,285. | 3,545. | 1,805. | 2,290. |
| Miscellaneous deductions | 5,946. | 6,157. | 4,947. | 3,812. | 4,571. |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | 29,561. | 34,793. | 34,426. | 32,019. | 34,403. |
| Exemption amount . . | 15,200. | 11,700. | 7,900. | 8,000. | 8,100. |
| Taxable income | 127,996. | 131,345. | 150,170. | 185,637. | 177,377. |
| Tax | 20,548. | 20,831. | 23,292. | 31,529. | 31,781. |
| Alternative min tax . . | | 51. | | 1,638. | 2,040. |
| Total credits | 1,457. | 420. | | | 301. |
| Other taxes | | | | | |
| Payments | 21,019. | 19,181. | 20,364. | 26,684. | 28,921. |
| Form 2210 penalty . . | 62. | 84. | 106. | 112. | 183. |
| Amount owed | | 1,365. | 3,034. | 6,595. | 4,782. |
| Applied to next year's estimated tax . | | | | | |
| Refund | 1,866. | | | | |
| Effective tax rate % . . | 10.64 | 11.45 | 12.10 | 14.70 | 15.24 |
| **Tax bracket % . . . | 25.0 | 25.0 | 28.0 | 28.0 | 28.0 |

**Tax bracket % is based on Taxable income.

Charitable Organization Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Charity Name . . . Floral Park Volunteer Fire Dept.
Address
City Floral Park State NY ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|----------|--------------|----------------------|-------------------|-----------------|
| 1 | (not needed) | | Money | 50.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 50.00 |
| | | | Prior Year Total: | 45.00 |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|------------------|------------|------|------------|------|-------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

William J & Indra Mattiace

117-52-2618

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2016 Amount |
|----------|--------------|---------------|----------------|-------------------------------------|------|--------------------------|-------|-------------|
| 1 | (not needed) | 50.00 | 1 | <input checked="" type="checkbox"/> | Once | <input type="checkbox"/> | Recur | 50.00 |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|--|--------------|--|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | Miles Driven | | | |
| Other Costs | Description of Other Costs | Value of Miles | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |

William J & Indra Mattiace

117-52-2618

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2016

► Keep for your records

Name(s) Shown on Return

William J & Indra Mattiace

Social Security Number

117-52-2618

Charity Name . . . Ronald McDonald House

Address

City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|----------|--------------|----------------------|-------------------|-----------------|
| 1 | (not needed) | | Money | 100.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 100.00 |
| | | | Prior Year Total: | 200.00 |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|------------------|------------|------|------------|------|-------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

William J & Indra Mattiace

117-52-2618

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2016 Amount |
|----------|--------------|---------------|----------------|-------------------------------------|------|--------------------------|-------|-------------|
| 1 | (not needed) | 100.00 | 1 | <input checked="" type="checkbox"/> | Once | <input type="checkbox"/> | Recur | 100.00 |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|--|----------------|--|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | Miles Driven | | | |
| Other Costs | Description of Other Costs | | Value of Miles | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |

William J & Indra Mattiace

117-52-2618

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Charity Name . . . Sain Mary's Church
Address
City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|----------|------------|----------------------|-------------------|-----------------|
| 1 | 12/19/2016 | Clothes | Items you valued | 40.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 40.00 |
| | | | Prior Year Total: | |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|------------------|------------|------|------------|------|-------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

William J & Indra Mattiace

117-52-2618

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| 1 | 12/19/2016 | Clothes A - Household | Present value 40.00 | 40.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2016 Amount |
|----------|-------------|---------------|----------------|--------------------------|------|--------------------------|-------|-------------|
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|---------------------|--|--------------|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | | Miles Driven | | |
| Other Costs | Description of Other Costs | | Value of Miles | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |

William J & Indra Mattiace

117-52-2618

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
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Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Charity Name . . . New York Police Chiefs Foundation
Address
City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|----------|--------------|----------------------|-------------------|-----------------|
| 1 | (not needed) | | Money | 100.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 100.00 |
| | | | Prior Year Total: | |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|------------------|------------|------|------------|------|-------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

William J & Indra Mattiace

117-52-2618

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| | | | | |
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| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2016 Amount |
|----------|--------------|---------------|----------------|-------------------------------------|------|--------------------------|-------|-------------|
| 1 | (not needed) | 100.00 | 1 | <input checked="" type="checkbox"/> | Once | <input type="checkbox"/> | Recur | 100.00 |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|---------------------|--|--------------|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | | Miles Driven | | |
| Other Costs | Description of Other Costs | | Value of Miles | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |

William J & Indra Mattiace

117-52-2618

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Charity Name . . . Saint Gregory the Great
Address
City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|----------|---------|----------------------|-------------------|-----------------|
| 1 | Various | | Money | 2,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 2,000.00 |
| | | | Prior Year Total: | |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|------------------|------------|------|------------|------|-------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

William J & Indra Mattiace

117-52-2618

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| | | | | |
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| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2016 Amount |
|----------|-------------|---------------|----------------|--------------------------|------|-------------------------------------|-------|-------------|
| 1 | Various | 40.00 | 50 | <input type="checkbox"/> | Once | <input checked="" type="checkbox"/> | Recur | 2,000.00 |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|--|----------------|--|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | Miles Driven | | | |
| Other Costs | Description of Other Costs | | Value of Miles | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |
| | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | | |

William J & Indra Mattiace

117-52-2618

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name William
 Middle initial J Suffix
 Last name Mattiace
 Social security no. 117-52-2618
 Occupation Computer programmer
 Date of birth 04/04/1957 (mm/dd/yyyy)
 Age as of 1-1-2017 59
 Daytime phone (516) 488-7153 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☒ Yes ☐ No

Spouse:

First name Indra
 Middle initial Suffix
 Last name Mattiace
 Social security no. 071-62-9248
 Occupation Dietitian
 Date of birth 10/31/1955 (mm/dd/yyyy)
 Age as of 1-1-2017 61
 Daytime phone (718) 264-4026 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☒ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 186 Locust Street Apt no. . . PVT
 City Floral Park State . . . NY ZIP code . . . 11001
 Foreign code . . . Foreign country . . .
 Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number . . . _____
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014 ☐
 2015 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | E I C | Lived with taxpyr in U.S. | Educ Tuitn and Fees | * D e p |
|-------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|-------------|---------------------------------------|------------------------------|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2016 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2016 ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☒ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ Citibank

Check the appropriate box ☐ Checking ☒ Savings

Routing number ☐ 021000089 Account number ☐ 55010943

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐ 04/09/2017

Balance-due amount from this return ☐ 4,782.

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands _____

Excludable income from Puerto Rico _____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐ _____

Third party designee phone number . . . ☐ _____

Personal Identification number (enter any 5 numbers) . . ☐ _____

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ☐ _____

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2016 ▶ NY

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2016 ▶ NY

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 11001

Spouse's PIN used to sign the return 11001

Taxpayer:

Drivers license or state ID number 353065182

Issued by what state NY

Expiration Date

Issued Date

License or ID license . ☒ ID . ☐ neither . ☐

New York Document Number RQ7EUA1Y11

Spouse

Drivers license or state ID number 489331134

Issued by what state NY

Expiration Date

Issued Date

License or ID license . ☒ ID . ☐ neither . ☐

New York Document Number 64FH4WPN06

2016

- Keep for your records

Part I – Taxpayer's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? ☒ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2016? ▶ ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? ▶

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

2016

- Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . Indra Middle initial . Last name . . Mattiace
Suffix

Social security no. . . 071-62-9248 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No

Date of birth 10/31/1955 (mm/dd/yyyy) age as of 1-1-2017 61

OccupationDietitian Daytime phone (718) 264-4026 Ext

Marital status . . .Married

If widowed, check the appropriate box for the year your spouse died:

After 2016 ▶ 2016 . ▶ 2015 . ▶ 2014 . ▶ Before 2014 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☒ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? ☐ Yes ☐ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2016? ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2016? ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016 NY

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016

Unreimbursed medical expenses paid for qualifying person in 2016

| | |
|--|--|
| Employment taxes paid for dependent care providers in 2016 | |
|--|--|

Full-time student for 5 calendar months during 2016? ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☒ Yes ☐ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒ X

| | |
|---|---|
| Check if covered or exempt (other than short gap) for prior year November | X |
| Check if covered or exempt (other than short gap) for prior year December | X |

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

Dependent and Nondependent Information Worksheet

2016

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Niclole Middle initial . I Last name . . Mattiace
Suffix

Social security no. . . 065-78-1145

Date of birth 05/14/1990 (mm/dd/yyyy) age as of 12-31-2016 26
Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☒ Yes ☐ No

Dependency code *. X — Is not a person in the current tax return

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☐ Yes ☒ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☒ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . N — Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) Dependent has ITIN . . ► ☐
☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 _____
 Unreimbursed medical expenses paid for qualifying person in 2016 _____
 Employment taxes paid for dependent care providers in 2016 _____
 Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☒ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2016 _____
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐
 Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-------------------|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Dependent and Nondependent Information Worksheet

2016

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►

QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Laura Middle initial . M Last name . . Mattiace
Suffix

Social security no. . . 125-80-1511

Date of birth 10/06/1992 (mm/dd/yyyy) age as of 12-31-2016 24

Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☒ Yes ☐ No

Dependency code *. X — Is not a person in the current tax return

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☐ Yes ☒ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☒ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . N — Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 _____
 Unreimbursed medical expenses paid for qualifying person in 2016 _____
 Employment taxes paid for dependent care providers in 2016 _____
 Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☒ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2016 _____
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐
 Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-------------------|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Full Year . . . ▶ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return

William J & Indra Mattiace

Social Security Number

117-52-2618

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|----------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 74,139. | 100,550. | 174,689. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | | | |
| 2 | Total federal tax withheld | 8,964. | 10,957. | 19,921. |
| 3 & 7 | Total social security wages/tips | 98,139. | 100,550. | 198,689. |
| 4 | Total social security tax withheld | 6,085. | 6,234. | 12,319. |
| 5 | Total Medicare wages and tips | 98,139. | 100,550. | 198,689. |
| 6 | Total Medicare tax withheld | 1,423. | 1,458. | 2,881. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | 65,656. | 34,013. | 99,669. |
| b | Elective deferrals to qualified plans | | 14,707. | 14,707. |
| c | Roth contributions to 401(k) & 403(b) plans . . | 23,000. | | 23,000. |
| d | Deferrals to government 457 plans | 24,000. | | 24,000. |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan . . | | | |
| g | Income 409A nonqual deferred comp plan . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | Total other items from box 12 | 18,656. | 19,306. | 37,962. |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | 1,667. | | 1,667. |
| 16 | Total state wages and tips | 74,139. | 100,550. | 174,689. |
| 17 | Total state tax withheld | 3,929. | 5,466. | 9,395. |
| 19 | Total local tax withheld. | | | |

| | |
|-----------------------------------|--|
| Name <u>William J Mattiace</u> | Social Security Number <u>117-52-2618</u> |
|-----------------------------------|--|

☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**

Military: Complete **Part VI** on Page 2 below

| | | |
|---|--|--|
| <p>a Employee's social security No. <u>117-52-2618</u></p> <p>b Employer's ID number <u>13-6400434</u></p> <p>c Employer's name, address, and ZIP code <u>The City of New York</u></p> <p>Street <u>450 W 33rd St 4th Floor</u> City <u>New York</u> State <u>NY</u> ZIP Code <u>10001</u> Foreign Country _____</p> <p>d Control number . _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>William</u> M.I. <u>J</u> Last <u>Mattiace</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>186 Locust Street, Apt. PVT</u> City <u>Floral Park</u> State <u>NY</u> ZIP Code <u>11001</u> Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>74,139.11</u></p> <p>3 Social security wages <u>98,139.11</u></p> <p>5 Medicare wages and tips <u>98,139.11</u></p> <p>7 Social security tips _____ Verification Code _____</p> <p>11 Nonqualified plans _____ 12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>2 Federal income tax withheld <u>8,964.06</u></p> <p>4 Social security tax withheld <u>6,084.62</u></p> <p>6 Medicare tax withheld <u>1,423.02</u></p> <p>8 Allocated tips _____ 10 Dependent care benefits _____ Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i></p> |
|---|--|--|

| | | |
|---------------|------------------|--|
| Box 12 | Box 12 | If Box 12 code is: |
| Code | Amount | |
| G | <u>24,000.00</u> | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| AA | <u>23,000.00</u> | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| DD | <u>18,656.32</u> | P: Double click to link to Form 3903, line 4. . . _____ |
| | | R: Enter MSA contribution for Taxpayer . . . _____ |
| | | Spouse _____ |
| | | W: Enter HSA contribution for Taxpayer . . . _____ |
| | | Spouse _____ |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| | | | |
|---------------|-------------------------|------------------|--|
| Box 15 | Box 16 | Box 17 | |
| State | State wages, tips, etc. | State income tax | |
| <u>NY</u> | <u>74,139.00</u> | <u>3,929.41</u> | |
| | | | |
| | | | |
| | | | |

| | | | |
|---------------|-------------------------|------------------|------------------|
| Box 20 | Box 18 | Box 19 | Associated State |
| Locality name | Local wages, tips, etc. | Local income tax | |
| | | | |
| | | | |
| | | | |

| | | |
|--|-----------------|---|
| Box 14 | | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
| Description or Code on Actual Form W-2 | Amount | |
| FRINGE | <u>107.00</u> | <u>Other (not classified)</u> |
| IRC132 | <u>1,560.00</u> | <u>Other (not classified)</u> |
| | | |
| | | |

Name
Indra MattiaceSocial Security Number
071-62-9248
☒ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No. 071-62-9248
b Employer's ID number 14-6013200
c Employer's name, address, and ZIP code
State of New York
 Street 110 State Street
 City Albany
 State NY ZIP Code 12236
 Foreign Country _____

d Control number . _____
☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Indra M.I. _____
 Last Mattiace Suff. _____
f Employee's address and ZIP code
 Street 186 Locust Street, Apt. PVT
 City Floral Park
 State NY ZIP Code 11001
 Foreign Country _____

1 Wages, tips, other compensation
100,549.65
3 Social security wages
100,549.65
5 Medicare wages and tips
100,549.65
7 Social security tips

Verification Code _____

11 Nonqualified plans _____**12** Enter box 12 below _____
13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
10,957.32
4 Social security tax withheld
6,234.08
6 Medicare tax withheld
1,457.97
8 Allocated tips _____
10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

| Box 12 Code | Box 12 Amount |
|-------------|---------------|
| DD | 19,306.00 |
| EE | 14,707.44 |
| | |
| | |
| | |

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| NY | 146013200 | 100,549.65 | 5,465.63 |
| | | | |
| | | | |

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| | | | |
| | | | |
| | | | |

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|--|
| | | |
| | | |
| | | |
| | | |

Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
|----------------------------------|-------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 1 William Mattiace | 117-52-2618 | 04/04/57 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | T |
| 2 Indra Mattiace | 071-62-9248 | 10/31/55 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | S |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐

Check this box once you are finished with all the healthcare related entries.

Form 1099-INT Worksheet

► Keep for your records

2016

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Ownership: Check if Spouse ☐
(defaults to taxpayer) Check if Joint ☐

Payer's name CHARLES SCHWAB & CO., INC.

| Box 1 | Interest income for 2016 (not included in box 3) 0.36 Choose type if special state handling (State Use Only — see Help). | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|-------------------------------------|--|--|--|--|--|--|--|----|--|--|--|---|--|--|--|-------------------|--|--|--|
| Box 2 | Early withdrawal penalty | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 3 | Interest on U.S. Savings Bonds and Treasury obligations | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 4 | Federal income tax withheld | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 5 | Investment expenses | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 6 | Foreign tax paid (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 8 | Tax-exempt interest-Total | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax-exempt Interest State Allocation For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c). | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>(a) State or Territory ID</th> <th>(b) Percent of total interest for state</th> <th>(c) Amount of interest for state</th> </tr> </thead> <tbody> <tr> <td>Enter resident state ID ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter each nonresident state on separate row ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>or</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state interest.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total ►</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | (a) State or Territory ID | (b) Percent of total interest for state | (c) Amount of interest for state | Enter resident state ID ► | | | | Enter each nonresident state on separate row ► | | | | or | | | | Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state interest. | | | | Total ► | | | |
| | (a) State or Territory ID | (b) Percent of total interest for state | (c) Amount of interest for state | | | | | | | | | | | | | | | | | | | | | | |
| Enter resident state ID ► | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter each nonresident state on separate row ► | | | | | | | | | | | | | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state interest. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total ► | | | | | | | | | | | | | | | | | | | | | | | | | |
| State ID where exempt interest was earned. If more than 1 state, see Help | | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 9 | Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any % | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 10 | Market discount (See tax help for manual entries required if you enter amount for market discount) | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 11 | Bond premium | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 12 | Bond premium on treasury obligations | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 13 | Bond premium on tax-exempt bond | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 14 | Tax-exempt bond CUSIP number | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 15 State | Box 16 State identification no. | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 17 State tax withheld | | | | | | | | | | | | | | | | | | | | | | | | | |

FATCA filing requirement. ☐

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

| | |
|--|--|
| N <input type="checkbox"/> Nominee distribution | A <input type="checkbox"/> Accrued interest |
| O <input type="checkbox"/> Original issue discount (OID) | H <input type="checkbox"/> Other |
| B <input type="checkbox"/> Amortizable bond premium (ABP) | R <input type="checkbox"/> Bond premium on treasury obligations |
| T <input type="checkbox"/> Bond premium on tax-exempt | U <input type="checkbox"/> U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding)

Additional Payer and Recipient Information

| | |
|--|--|
| Payer's Federal ID Number . 94-1737782 | Recipient's address and ZIP code |
| Payer's address and ZIP code | Transfer address from Federal Information Wks . <input type="checkbox"/> |
| Street | Street |
| City | City |
| State | State |
| ZIP Code | ZIP Code |
| Foreign Country | Foreign Country |

Form 1099-DIV Worksheet

► Keep for your records

2016

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Ownership: (defaults to taxpayer) Check if Spouse ☐ Check if Joint ☒

Payer's name . . . Tweedy Browne Funds

| | | |
|---------------|--|----------|
| Box 1a | Total ordinary dividends 5,504.02 U.S. government interest, if any, included in box 1a | 5,504.02 |
| Box 1b | Qualified dividends 5,504.02 Adjusted qualified dividends | 5,504.02 |
| Box 2a | Total capital gain distributions | 7,663.23 |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) 151.49 a Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in dividends | |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. <input type="checkbox"/> | |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID ► | | | |
| Enter each nonresident state on separate row or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total ► | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

| | | |
|---------------|---|--|
| Box 11 | a Specified private activity bond amount included in box 10 above OR b Percent of private activity bond amount included in % | |
|---------------|---|--|

| | | | |
|------------------------|---|-------------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
|------------------------|---|-------------------------------------|--|

FATCA filing requirement. ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|---|--|
| Payer's Federal ID Number Payer's address and ZIP code Street City State ZIP Code Foreign Country | Recipient's address and ZIP code Transfer address from Federal Information Wks <input type="checkbox"/> Street City State ZIP Code Foreign Country |
|---|--|

Form 1099-DIV Worksheet

Keep for your records

2016

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Ownership:
(defaults to taxpayer)

 Check if Spouse
 Check if Joint

☐
☒
Payer's name . . . The Royce Funds

| | | |
|---------------|--|--|
| Box 1a | Total ordinary dividends U.S. government interest, if any, included in box 1a | 91.91 |
| Box 1b | Qualified dividends Adjusted qualified dividends | 91.91 |
| Box 2a | Total capital gain distributions | 3,032.63 |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. d Foreign source amount included in dividends | OR A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. | <input type="checkbox"/> |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation

For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID ▶ | | | |
| Enter each nonresident state on separate row or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total ▶ | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

| | | |
|---------------|---|--|
| Box 11 | a Specified private activity bond amount included in box 10 above OR b Percent of private activity bond amount included in % | |
|---------------|---|--|

| | | | |
|------------------------|---|-------------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
|------------------------|---|-------------------------------------|--|

 FATCA filing requirement. ☐
Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|---|--|
| Payer's Federal ID Number Payer's address and ZIP code Street City State ZIP Code Foreign Country | Recipient's address and ZIP code Transfer address from Federal Information Wks <input type="checkbox"/> Street City State ZIP Code Foreign Country |
|---|--|

Form 1099-DIV Worksheet

► Keep for your records

2016

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Ownership: (defaults to taxpayer) Check if Spouse ☐ Check if Joint ☒

Payer's name . . . Fairholme Funds

| | | |
|---------------|---|----------|
| Box 1a | Total ordinary dividends 921.73 U.S. government interest, if any, included in box 1a | 921.73 |
| Box 1b | Qualified dividends 82.68 Adjusted qualified dividends | 82.68 |
| Box 2a | Total capital gain distributions | 2,683.56 |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in dividends | |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. <input type="checkbox"/> | |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID ► | | | |
| Enter each nonresident state on separate row or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total ► | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

| | | |
|---------------|---|--|
| Box 11 | a Specified private activity bond amount included in box 10 above OR b Percent of private activity bond amount included in % | |
|---------------|---|--|

| | | | |
|------------------------|---|-------------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
|------------------------|---|-------------------------------------|--|

FATCA filing requirement. ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|---|--|
| Payer's Federal ID Number Payer's address and ZIP code Street City State ZIP Code Foreign Country | Recipient's address and ZIP code Transfer address from Federal Information Wks <input type="checkbox"/> Street City State ZIP Code Foreign Country |
|---|--|

Form 1099-DIV Worksheet
Keep for your records

2016

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Ownership: (defaults to taxpayer) Check if Spouse ☐ Check if Joint ☒

Payer's name Selected Funds

| | | |
|--------|--|-------------|
| Box 1a | Total ordinary dividends U.S. government interest, if any, included in box 1a | 1,634.91 |
| Box 1b | Qualified dividends Adjusted qualified dividends | 1,634.91 |
| Box 2a | Total capital gain distributions | 18,818.92 |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. d Foreign source amount included in dividends | OR A B C |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. | |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID | | | |
| Enter each nonresident state on separate row | | | |
| or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

| | |
|--------|--|
| Box 11 | a Specified private activity bond amount included in box 10 above OR b Percent of private activity bond amount included in % |
|--------|--|

| | | | |
|-----------------|------------------------------------|------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
|-----------------|------------------------------------|------------------------------|--|

FATCA filing requirement. ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|-------------------------------------|--|
| Payer's Federal ID Number | Recipient's address and ZIP code |
| Payer's address and ZIP code | Transfer address from Federal Information Wks <input type="checkbox"/> |
| Street | Street |
| City | City |
| State | State |
| ZIP Code | ZIP Code |
| Foreign Country | Foreign Country |

Form 1099-DIV Worksheet

Keep for your records

2016

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Ownership: (defaults to taxpayer) Check if Spouse ☐ Check if Joint ☒

Payer's name . . . Harbor Funds

| | | |
|---------------|--|--|
| Box 1a | Total ordinary dividends U.S. government interest, if any, included in box 1a | 1,336.39 |
| Box 1b | Qualified dividends Adjusted qualified dividends | 1,336.39 |
| Box 2a | Total capital gain distributions | |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. d Foreign source amount included in dividends | OR A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. | <input type="checkbox"/> |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID | | | |
| Enter each nonresident state on separate row | | | |
| or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

Box 11 a Specified private activity bond amount included in box 10 above
OR
b Percent of private activity bond amount included in %

| | | | |
|------------------------|---|-------------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
|------------------------|---|-------------------------------------|--|

FATCA filing requirement. ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|-------------------------------------|--|
| Payer's Federal ID Number | Recipient's address and ZIP code |
| Payer's address and ZIP code | Transfer address from Federal Information Wks <input type="checkbox"/> |
| Street | Street |
| City | City |
| State | State |
| ZIP Code | ZIP Code |
| Foreign Country | Foreign Country |

Form 1099-DIV Worksheet

Keep for your records

2016

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Ownership: (defaults to taxpayer) Check if Spouse ☐ Check if Joint ☒

Payer's name . . . Vanguard

| | | |
|---------------|--|--|
| Box 1a | Total ordinary dividends U.S. government interest, if any, included in box 1a | 289.67 |
| Box 1b | Qualified dividends Adjusted qualified dividends | 216.79 |
| Box 2a | Total capital gain distributions | |
| Box 2b | Unrecaptured Section 1250 gain | |
| Box 2c | Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion | |
| Box 2d | Collectibles (28%) gain | |
| Box 3 | Nondividend distributions | |
| Box 4 | Federal income tax withheld | |
| Box 5 | Investment expenses | |
| Box 6 | Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column. d Foreign source amount included in dividends | OR A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Box 7 | Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. | <input type="checkbox"/> |
| Box 8 | Cash liquidation distribution | |
| Box 9 | Noncash (fair market value) liquidation distribution. | |
| Box 10 | Exempt-interest dividends | |

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

| | (a) State or Territory ID | (b) Percent of total interest dividends for state | (c) Amount of interest dividends for state |
|--|---------------------------------------|---|--|
| Enter resident state ID | | | |
| Enter each nonresident state on separate row | | | |
| or | | | |
| Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends. | | | |
| Total | | | |

State where the dividends were earned. Postal code (such as "CA" or "NY")

Box 11 a Specified private activity bond amount included in box 10 above
OR
b Percent of private activity bond amount included in %

| | | | |
|------------------------|---|-------------------------------------|--|
| Box 12 State | Box 13 State identification no. | Box 14 State tax withheld | |
| | | | |

FATCA filing requirement. ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution
H ☐ Other adjustment
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

| | |
|-------------------------------------|--|
| Payer's Federal ID Number | Recipient's address and ZIP code |
| Payer's address and ZIP code | Transfer address from Federal Information Wks <input type="checkbox"/> |
| Street | Street |
| City | City |
| State | State |
| ZIP Code | ZIP Code |
| Foreign Country | Foreign Country |

Form 1099-R Summary

2016

► Keep for your records

Name(s) Shown on Return
William J & Indra Mattiace

Social Security No.
117-52-2618

| Traditional IRA Distributions | | | Taxpayer | Spouse |
|--------------------------------|---|--|--------------------------|--------------------------|
| Gross | 1 | Total gross distributions from box 1 of Form 1099-R . . | 3,214. | |
| | a | Less: Amounts rolled over | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited IRA amount. | | |
| | d | Less: Return of contributions | | |
| | e | Less: Qualified charitable distributions | | |
| | f | Less: HSA funding distributions | | |
| | 2 | Balance of gross traditional IRA distributions | 3,214. | |
| | 3 | Amount of line 2 converted to a Roth IRA | | |
| | a | Less: Amount recharacterized. | | |
| 4 | Net amount of line 2 converted to a Roth IRA | | | |
| 5 | Amount of line 2 not converted to a Roth IRA | 3,214. | | |
| Taxable | 6 | Earnings on return of contributions | | |
| | 7 | Taxable amount of inherited IRAs on line 1c. | | |
| | 8 | Taxable amount not converted to Roth IRA | 3,214. | |
| | 9 | Taxable amount of Roth IRA conversions | | |
| | 10 | Taxable amount included on Form 1040, line 15b. . . . | 3,214. | |
| | 11 | If checked, taxable amount calculated on Form 8606 . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Roth IRA Distributions | | | | |
| Gross | 12 | Total gross distributions from box 1 of Form 1099-R . . | | |
| | a | Less: Rollover to another Roth IRA | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited Roth IRA amount | | |
| | d | Less: Return of contributions | | |
| 13 | Roth IRA distributions subject to distribution rules. . . . | | | |
| Qualified | 14 | Total gross qualified distributions | | |
| | a | Less: Rollover to another Roth IRA | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited Roth IRA amount | | |
| 15 | Qualified distributions subject to distribution rules | | | |
| Taxable | 16 | Net nonqualified distributions for Form 8606. | | |
| | 17 | Earnings on return of contributions | | |
| | 18 | Taxable amount of inherited Roth IRAs on line 12c . . . | | |
| | 19 | Taxable earnings on nonqualified distributions | | |
| | 20 | Taxable amount included on Form 1040, line 15b. . . . | | |
| Recharacterizations (See Help) | | | | |
| Gross | 21 a | 2016 form code N (included on Form 1040, line 15a) . . | | |
| | 21 b | 2017 form code R (not included on 1040, line 15a) . . . | | |

| Pensions and Annuities | | | Taxpayer | Spouse |
|--|---|---|----------|--------|
| Gross | 22 | Total gross distributions from box 1 of Form 1099-R . . | | |
| | a | Less: Lump sum transferred to Form 4972 | | |
| | b | Less: Amount not reported on Form 1040, line 16. . . . | | |
| | c | Designated Roth distribution allocated to an IRR | | |
| | 23 | Amount of line 22 converted to a Roth IRA. | | |
| | a | Less: Amount recharacterized. | | |
| | b | Net amount of line 23 converted to a Roth IRA | | |
| | 24 | Distributions from Canada RRP Wks, line 7a | | |
| | 25 | Gross distribution transferred to Form 1040, line 16a . . | | |
| | a | Less: Amount rolled over | | |
| b | Amount attributable to an in-plan Roth rollover | | | |
| Taxable | 26 | Taxable amount in box 2a, Form 1099-R. | | |
| | a | Taxable amount rolled over | | |
| | b | Non-taxable amount rolled over | | |
| | c | Designated Roth contribution basis rolled to Roth IRA . | | |
| | d | Insurance premiums for retired public safety officers . . | | |
| | 27 | Lump sum amount transferred to Form 4972 | | |
| | 28 | Amount transferred to Form 1040, line 7 | | |
| | a | Disability before minimum retirement age | | |
| | b | Return of contributions | | |
| | c | Insurance premiums for retired public safety officers . . | | |
| | 29 | Nontaxable amount from Simplified Method | | |
| | 30 | Capital gains from charitable gift annuities | | |
| | a | Capital gain subject to the 28% rate | | |
| | b | Unrecaptured section 1250 gain | | |
| | 31 | Taxable amount of Roth IRA conversions | | |
| | a | Taxable amount of in-plan Roth rollovers | | |
| | 32 a | Taxable amount of distributions | | |
| | b | Taxable distributions from Canada RRP Wks, line 7b. . | | |
| | c | Taxable amount transferred to Form 1040, line 16b. . . | | |
| | Section 1035 Tax-free Exchange | | | |
| Pensions IRAs | 33 | Total gross distributions from box 1 of Form 1099-R . . | | |
| | 34 | Total gross distributions from box 1 of Form 1099-R . . | | |
| Distributions on 2016 1099-Rs Not Reported on the 2016 Return | | | | |
| Code P Code R | 35 | Distribution reported on 2015 tax return | | |
| | 36 | Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. | | |
| Tax Withholding | | | | |
| Box 4 | 37 | Total federal tax withheld | | |
| Box 10 | 38 | Total state tax withheld | | |
| Box 13 | 39 | Total local tax withheld. | | |
| Nontaxable Distributions for Sales Tax Deduction | | | | |
| | 40 | Nontaxable IRA distributions | 0. | |
| | 41 | Nontaxable pension distributions | | |
| Health Insurance Premiums | | | | |
| | 42 | Health insurance deductible on Schedule A | | |
| Taxable Distributions included in Net Investment Income | | | | |
| | 43 | Annuity payments and other distributions that may be subject to the net investment income tax | | |

| | |
|---|---------------------------------------|
| Name William J Mattiace | Social Security Number 117-52-2618 |
| Source Form : 1099-R . <input checked="" type="checkbox"/> CSA-1099-R . <input type="checkbox"/> CSF-1099-R . <input type="checkbox"/> RRB-1099-R . <input type="checkbox"/> | |
| If Spouse's 1099-R, check this box . <input type="checkbox"/> Do not transfer this 1099-R to next year | |
| Corrected <input type="checkbox"/> | |

This section is for RRB-1099-R use only

| | | | |
|---|--|--|--|
| Payer's name, street address, city, state, and ZIP code. Spectra-Class A The Alger Funds PO Box 8480 Boston MA 02266-8480 Payer's country | | 1 Gross distribution \$ 3,213.73 | |
| Payer's Federal identification number 81-4478321 | | 2a Taxable amount (See Help) \$ 3,213.73 | |
| Recipient's identification number 117-52-2618 | | 2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input checked="" type="checkbox"/> | |
| Check to transfer Recipient's information from Federal Information Worksheet <input checked="" type="checkbox"/> | | 3 Capital gain (included in box 2a) \$ | |
| Recipient's name William J Mattiace | | 4 Federal income tax withheld \$ | |
| Street address (including apartment number) 186 Locust Street, Apt. PVT | | 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | |
| City State ZIP code Floral Park NY 11001 | | 6 Net unrealized appreciation in employer securities \$ | |
| Recipient's country | | 7 Distribn code(s) IRA/SEP/SIMPLE 1st code 7 2nd code <input checked="" type="checkbox"/> | |
| 10 Amount allocable to IRR within 5 years \$ | | 8 Other \$ % | |
| FATCA filing requirement <input type="checkbox"/> | | 9a Your percentage of total distribution % | |
| Special use code for first state (See Help) N | | 9b Total employee contributions \$ | |
| Special use code for second state (See Help) | | 11 1st year of desig. Roth contrib. | |
| Account number | | 12 State tax withheld \$ | |
| | | 13 Payer's State / state no. NY / NY | |
| | | 14 State distribution \$ 3,213.73 | |
| | | 15 Local tax withheld \$ | |
| | | 16 Name of locality | |
| | | 17 Local distribution \$ | |

☒ Check if NOT from a qualified retirement plan or IRA (see Help)

☒ If box 7 code is J or T, check if a qualified distribution (see Help)

☒ If box 7 code is J, enter amount used for first time home purchase

☒ If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)

| | | |
|--|---|--|
| ► Inherited IRA | If this distribution is from an inherited IRA, indicate the distribution is from the IRA of | |
| ► Treat as recipient's own (this is treated as a rollover) | | |
| ► Recipient, but was originally inherited from a spouse (treated as recipient's IRA) | | |
| ► Spouse and not treat as recipient's own (taxable amount must be in box 2a) | | |
| ► Someone other than a spouse (taxable amount must be in box 2a) | | |
| ► From a traditional IRA | | |
| ► From a Roth IRA | | |
| ► From a SIMPLE plan (first two years of participation only) | | |
| ► From a SIMPLE plan (more than two years of participation) | | |
| ► From a SEP IRA | | |
| ► None | | |
| ► Subject to the penalty of early withdrawal. | | |
| ► Not subject to the penalty of early withdrawal | | |

| | | |
|--------------------|--|-------------------------|
| ► Insurance | ► Amount of insurance premiums deductible on Schedule A ► Amount of health savings account (HSA) funding distributions ► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution | _____ _____ _____ |
|--------------------|--|-------------------------|

| | |
|--|---|
| ► Qualified Charitable Distribution | Enter IRA distributions made directly by the trustee to a qualified charitable organization |
|--|---|

► **RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help),
Entire gross is RMD . ► ☐ or the amount of gross distbn that is the RMD . .

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2016

Line 44

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

| | | | |
|----|--|----|----------|
| 1 | Enter the amount from Form 1040, line 43 | 1 | 177,377. |
| 2 | Enter the amount from Form 1040, line 9b | 2 | 8,867. |
| 3 | Are you filing Schedule D? | | |
| | <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | | |
| | 3 32,198. | | |
| | <input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | 41,065. |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | | |
| | 5 0. | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | 41,065. |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | 136,312. |
| 8 | Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household. | | |
| | 8 75,300. | | |
| 9 | Enter the smaller of line 1 or line 8 | 9 | 75,300. |
| 10 | Enter the smaller of line 7 or line 9 | 10 | 75,300. |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | 0. |
| 12 | Enter the smaller of line 1 or line 6 | 12 | 41,065. |
| 13 | Enter the amount from line 11 | 13 | 0. |
| 14 | Subtract line 13 from line 12. | 14 | 41,065. |
| 15 | Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household. | | |
| | 15 466,950. | | |
| 16 | Enter the smaller of line 1 or line 15 | 16 | 177,377. |
| 17 | Add lines 7 and 11 | 17 | 136,312. |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | 41,065. |
| 19 | Enter the smaller of line 14 or line 18 | 19 | 41,065. |
| 20 | Multiply line 19 by 15% (.15) | 20 | 6,160. |
| 21 | Add lines 11 and 19 | 21 | 41,065. |
| 22 | Subtract line 21 from line 12 | 22 | 0. |
| 23 | Multiply line 22 by 20% (.20) | 23 | 0. |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | 24 25,621. | | |
| 25 | Add lines 20, 23, and 24 | 25 | 31,781. |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | 26 36,651. | | |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44. | | |
| | 27 31,781. | | |

2016

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

| | Federal | | State | | | Local | | |
|------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 04/18/16 | | 04/18/16 | | | 04/18/16 | | |
| 2 | 06/15/16 | | 06/15/16 | | | 06/15/16 | | |
| 3 | 09/15/16 | | 09/15/16 | | | 09/15/16 | | |
| 4 | 01/17/17 | 9,000. | 01/17/17 | 4,000. | NY | 01/17/17 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | 9,000. | | 4,000. | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|---|---------|--------|----|-------|----|
| 6 | Overpayments applied to 2016 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | 9,000. | 4,000. | | | |
| 9 | 2016 extensions | | | | | |

| Taxes Withheld From: | | | | | Federal | State | Local |
|----------------------|---|----|--|-----|---------|---------|-------|
| 10 | Forms W-2 | | | | 19,921. | 9,395. | |
| 11 | Forms W-2G | | | | | | |
| 12 | Forms 1099-R | | | | | | |
| 13 | Forms 1099-MISC, 1099-K and 1099-G | | | | | | |
| 14 | Schedules K-1 | | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | | |
| 17 | Form 1099-B | St | | Loc | | | |
| 18 a | Other withholding | St | | Loc | | | |
| b | Other withholding | St | | Loc | | | |
| c | Other withholding | St | | Loc | | | |
| d | Positive Adjustment | St | | Loc | | | |
| e | Negative Adjustment | St | | Loc | | | |
| f | Additional Medicare Tax | | | | | | |
| 19 | Total Withholding Lines 10 through 18f | | | | 19,921. | 9,395. | |
| 20 | Total Tax Payments for 2016 | | | | 28,921. | 13,395. | |

| Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help) | | State | ID | Local | ID |
|---|--|--------|----|-------|----|
| 21 | Tax paid with 2015 extensions | | | | |
| 22 | 2015 estimated tax paid after 12/31/2015 | 5,000. | NY | | |
| 23 | Balance due paid with 2015 return | 140. | NY | | |
| 24 | Other (amended returns, installment payments, etc) . . | | | | |

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2016

► Keep for your records

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|---|----------|
| (1) Income from Form 1040, line 38. | 219,880. |
| (2) Nontaxable income entered elsewhere on return | 0. |
| (3) Available income: 2015 refundable credits in excess of tax. | 0. |
| (4) Enter any additional nontaxable income | |
| (5) Total available income | 219,880. |

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

| (1) S t a t e | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|------------------------------|--|--|---|---|---|---|--|---------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|--|--------------------|-------------|-------------|-----------------------------|--|--------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 14,535.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 14,535.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

| | | |
|----------|---|-------------------------|
| b | Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . | 12,361.45 |
| c | Real estate taxes paid on additional homes or land | |
| | Personal portion of real estate taxes from Schedule E Worksheet for: | |
| d | Principal residence | |
| e | Vacation home | |
| f | Less real estate taxes deducted on Form 8829 | |
| g | Add lines 2a through 2f (to Schedule A, line 6) | 12,361.45 |
| 3 | Personal property taxes: | |
| a | Auto registration fees based on the value of the vehicle. | |
| | 2015 Amount | Enter 2016 description: |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| b | Non-business portion of personal property taxes from Car & Truck Exp Wks | |
| c | Other personal property taxes | |
| d | Add lines 3a through 3c (to Schedule A, line 7) | |
| 4 | Other taxes: | |
| a | Other taxes from Schedule(s) K-1 | |
| b | Foreign taxes from interest and dividends | |
| c | Foreign taxes from Schedule(s) K-1 | |
| d | Other foreign taxes (not used to claim a foreign tax credit). | |
| e | Other taxes. | |
| | 2015 Amount | Enter 2016 description: |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| f | Add lines 4a through 4e (to Schedule A, line 8) | |

Interest Deductions

| | | |
|----------|---|--------|
| 5 | Home mortgage interest and points reported on Form 1098: | |
| a | Mortgage interest and points from the Home Mortgage Interest Worksheet | 629.50 |
| b | Qualified mortgage interest from Schedule E Worksheet | |
| c | Less home mortgage interest/points deducted on Form 8829 | |
| d | Less home mortgage interest from Form 8396, line 3 | |
| e | Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. | 629.50 |
| 6 | Home mortgage interest not reported on Form 1098: | |
| a | Mortgage interest from the Home Mortgage Interest Worksheet. | |
| b | Less home mortgage interest deducted on Form 8829 | |
| c | Add lines 6a and 6b (to Sch A, line 11) or line B2 from above | |
| 7 | Points not reported on Form 1098: | |
| a | Amortizable points from the Home Mortgage Interest Worksheet | 16.00 |
| b | Other points not on Form 1098 from the Home Mortgage Interest Worksheet | |
| c | Less points deducted on Form 8829 | |
| d | Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above | 16.00 |

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2016

► Keep for your records

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

State and Local Income Taxes

| | | |
|----------------------------|--|---------|
| State income taxes: | | |
| 1 | State income tax withheld | 9,395. |
| 2 | 2016 state estimated taxes paid in 2016 | 0. |
| 3 | 2015 state estimated taxes paid in 2016 | 5,000. |
| 4 | Amount paid with 2015 state application for extension | |
| 5 | Amount paid with 2015 state income tax return | 140. |
| 6 | Overpayment on 2015 state income tax return applied to 2016 tax | |
| 7 | Other amounts paid in 2016 (amended returns, installment payments, etc.) | |
| 8 | State estimated tax from Schedule(s) K-1 (Form 1041) | |
| Local income taxes: | | |
| 9 | Local income tax withheld | |
| 10 | 2016 local estimated taxes paid in 2016 | |
| 11 | 2015 local estimated taxes paid in 2016 | |
| 12 | Amount paid with 2015 local application for extension | |
| 13 | Amount paid with 2015 local income tax return | |
| 14 | Overpayment on 2015 local income tax return applied to 2016 tax | |
| 15 | Other amounts paid in 2016 (amended returns, installment payments, etc.) | |
| 16 | Local estimated tax from Schedule(s) K-1 (Form 1041) | |
| Other: | | |
| 17 | | |
| 18 | Total Add lines 1 through 17 | 14,535. |
| 19 | State and local refund allocated to 2016 | |
| 20 | Nondeductible state income tax from line 28 | |
| 21 | Total reductions Add lines 19 and 20 | |
| 22 | Total state and local income tax deduction Line 18 less line 21 | 14,535. |

Nondeductible State Income Tax (Hawaii Only)

| | | |
|----|---|---|
| 23 | Nontaxable federal employee cost of living allowance | |
| 24 | Adjusted gross income | |
| 25 | Add lines 23 and 24 | |
| 26 | Nondeductible percent. Line 23 divided by line 25 | % |
| 27 | Hawaii state income tax included in line 18 | |
| 28 | Nondeductible Hawaii state income tax. Multiply line 26 by line 27. | |

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

2016

► Keep for your records

| | |
|--|--|
| Name(s) Shown on Return <u>William J & Indra Mattiace</u> | Social Security Number <u>117-52-2618</u> |
|--|--|

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 Recipient's/lender's name Chase Home Finance
- 2 a Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐
b Mortgage interest paid on your main home or second home in 2016 629.50
- 3 Outstanding mortgage principal as of 1/1/2016 17,922.84
- 4 Mortgage origination date 03/04/2002
- 5 a Did your home loan close after December 31, 2006? Yes ☐ No ☐
b Mortgage insurance premiums _____
- 6 a Points paid to buy or improve your **main** home in 2016 _____
b Check if points were reported to you on Form 1098 ☐
c Check if points were reported on the HUD-1 loan closing statement, or
my name is not listed first on Form 1098 ☐
Computed points reported on Form 1098 ☐
Computed points not reported on Form 1098 ☐
- 7 Property taxes 12,361.45
- 8 Check this box if you refinanced your loan with a different lender, paid off this loan,
or sold the property ☐
- 9 Did you pay points to this lender which must be spread over the life of the loan, for example:
points you paid on your second home, on a home equity loan, or when you refinanced,
enter the following Yes ☒ No ☐
a Total points originally paid on a loan for which the points must be amortized 241.00
b Length of loan (years) 15
c Points deducted in prior years for this loan 221.
d Amortized points allowable this year 16.
e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) 16.

Uncommon Situations:

- 10 Were you and someone else liable for this mortgage and the **other person** received the
Form 1098, enter the other person's name and address Yes ☐ No ☒
Name _____
Address _____
City _____ State _____ ZIP _____
- 11 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the
recipient's identifying number and address Yes ☐ No ☐
Recipient's SSN _____ -OR- Recipient's EIN _____
Recipient's address _____
City _____ State _____ ZIP _____
- 12 Did you pay more mortgage interest than what is shown on Form 1098 Yes ☐ No ☐
QuickZoom to attach a statement to your return explaining the difference. _____

2016

- Keep for your records

| | |
|--|--|
| Name(s) Shown on Return <u>William J & Indra Mattiace</u> | Social Security Number <u>117-52-2618</u> |
|--|--|

Cash Contributions

[illegible]

Schedule A
Line 17

Noncash Contributions Worksheet

2016

► Keep for your records

| | |
|--|--|
| Name(s) Shown on Return <u>William J & Indra Mattiace</u> | Social Security Number <u>117-52-2618</u> |
|--|--|

Part I Name of Charity and Donation Value

1 Name of charity Sain Mary's Church
2 a Value of contribution 40.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

a ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

i ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

n ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity _____
b Charity City or Town . . _____ State . . ____ ZIP . _____
5 Unique description of donated property Clothes

6 Date of donation (mm/dd/yyyy or Various) 12/19/2016
7 Method used to determine the fair market value . . Present value

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy) _____
9 How the donated property was acquired _____
10 Cost or adjusted basis in the donated property _____
11 If business equipment, enter accumulated depreciation _____

Part V Deduction

12 Amount claimed as a deduction 40.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☒ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number _____

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal _____
b Appraiser Title _____
c Appraiser Identifying Number _____
d Appraiser Business Address (including room or suite number) _____
e Appraiser City or Town _____ State _____ ZIP Code _____

18 Charity Information:

a Charity Date of Receipt of Gift _____
b Charity Representative Title _____
c Charity Identifying Number _____
d Charity Street Address (including room or suite number) _____
e Charity City or Town _____ State _____ ZIP Code _____

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less _____
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated _____
c For **stock and securities** (checkboxes 3i-3j), enter average trading price _____
d For **bargain sales**, enter the amount received _____

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for
publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2016 tax return _____
b Deduction claimed for this property on prior years' tax returns _____
c Location of tangible property donated _____
d Name of the person, other than the charity on line 1, who has
possession of the donated property _____
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
f Street address of prior charity _____
g City of prior charity _____ State _____ ZIP Code _____

Charitable Contributions Summary

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Part I Cash Contributions Summary

| Name of Charitable Organization | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) RESERVED for future use |
|-----------------------------------|--------------|---------------------|---------------------|--------------------------------------|
| Floral Park Volunteer Fire Dept. | 50. | 50. | | |
| Ronald McDonald House | 100. | 100. | | |
| New York Police Chiefs Foundation | 100. | 100. | | |
| Saint Gregory the Great | 2,000. | 2,000. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: | 2,250. | 2,250. | | |

Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total (a) Total | Other Property (b) 50% Limit | (c) 30% Limit | Capital Gain Property (d) 30% Limit | (e) 20% Limit |
|---------------------------------|-----------------------|---------------------------------------|---------------------|--|---------------------|
| Sain Mary's Church | 40. | 40. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | 40. | 40. | | | |

Part III Contribution Carryovers to 2017

| | Total (a) Total | Cash and Other Non-Capital Gain Property (b) RESERVED | (c) 50% Limit | (d) 30% Limit | Capital Gain Property (e) 30% Limit | (f) 20% Limit |
|------------------------------------|-----------------------|--|---------------------|---------------------|---|---------------------|
| 1 2016 contributions . . | 2,290. | | 2,290. | | | |
| 2 2016 contributions allowed | 2,290. | | 2,290. | 0. | 0. | 0. |
| 3 Carryovers from: | | | | | | |
| a 2015 tax year | | | | | | |
| b 2014 tax year | | | | | | |
| c 2013 tax year | | | | | | |
| d 2012 tax year | | | | | | |
| e 2011 tax year | | | | | | |
| 4 Carryovers allowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 5 Carryovers disallowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 6 Carryovers to 2017: | | | | | | |
| a From 2016 | 0. | | 0. | 0. | 0. | 0. |
| b From 2015 | | | | | | |
| c From 2014 | | | | | | |
| d From 2013 | | | | | | |
| e From 2012 | | | | | | |
| f From 2011 | | | | | | |

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

Earned Income Worksheet**2016**

► Keep for your records

Name(s) Shown on Return

William J & Indra Mattiace

Social Security Number

117-52-2618

Part I – Earned Income Credit Wks Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|---|---------|----------|----------|
| 5 Net self-employment earnings (line 4 above) . . . | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 74,139. | 100,550. | 174,689. |
| 7 a Taxable employer-provided adoption benefits. . . | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 74,139. | 100,550. | 174,689. |
| 9 a Taxable dependent care benefits. | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 74,139. | 100,550. | 174,689. |
| 11 Scholarship or fellowship income not on W-2 . . . | | | |
| 12 SE exempt earnings less nontaxable income . . . | | | |
| 13 Distributions from nonqualified/Sec. 457 plans . . | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 74,139. | 100,550. | 174,689. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|---------|----------|----------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 74,139. | 100,550. | 174,689. |
| 17 Net self-employment loss | | | |
| 18 Alimony received. | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. . | 74,139. | 100,550. | 174,689. |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|---|---------|----------|----------|
| 23 Self-employed, church and statutory employees . | | | |
| 24 Wages, salaries, tips, etc | 74,139. | 100,550. | 174,689. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 74,139. | 100,550. | 174,689. |

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2016

► Keep for your records

| | | | |
|--|---|---|--|
| Name(s) Shown on Return William J & Indra Mattiace | | Social Security Number 117-52-2618 | |
| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. 8,867. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c. | 8,867. | 0. | 8,867. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 8,867. | | 8,867. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT 32,198. | | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT 32,198. | | | |
| c Enter the smaller of line 7a or line 7b | 32,198. | | 32,198. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 32,198. | 0. | 32,198. |
| 10 Add lines 6 and 9 | 41,065. | | 41,065. |
| A Enter the amount from Form 6251, line 30. | 147,455. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT 0. | | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. | | | 41,065. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Taxable Income – Line 1

| | | | |
|---|---|---|----------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) | 1 | 185,477. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 185,477. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 185,477. |

Taxes – Line 3

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 8 | 1 | |
|---|---|---|--|

Home Mortgage Interest Adjustment – Line 4

| | (a) Deductible for AMT Purposes | (b) NOT Deductible for AMT Purposes | (c) Total Home Mortgage Interest |
|---|--|---|--|
| 1 Attributable to mortgage used to purchase, build, or improve: | | | |
| a Main home or second home that is house, apartment, condominium or non-transient mobile home | 646. | | |
| b Second home that is transient mobile home or boat | | | |
| c Total | | | 646. |
| 2 Attributable to mortgage used to refinance: | | | |
| a To pay off mortgage | | | |
| b For other purposes | | | |
| c Total | | | |
| 3 Attributable to other mortgage deductible for AMT: | | | |
| a Pre-July 1, 1982 mortgage | | | |
| 4 Total column (a) | 646. | | |
| 5 Total column (b). Enter result on Form 6251, line 4. | | | |
| 6 Total mortgage interest from Schedule A | | | 646. |

Refund of Taxes – Line 7

| | | | |
|---|--|---|--|
| 1 | Taxable refund of state and local income tax | 1 | |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 7 | 3 | |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

| | | | |
|----|---|----|----------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 216,944. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 216,944. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 195,250. |
| 6 | Enter ATNOL carried to 2015 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. | 11 | |

Incentive Stock Options – Line 14

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 14 | 5 | |

Disposition of Property – Line 17

| | Alternative Minimum Tax | Regular Tax | Difference |
|--|----------------------------|----------------|------------|
| 1 Net capital gain or loss (Schedule D) | 32,198. | 32,198. | 0. |
| 2 Ordinary gain or loss (Form 4797, Part II) | | | |
| 3 Ordinary income from sale of Incentive Stock | | | |
| 4 Total. Enter on Form 6251, line 17 | | | 0. |

Post-86 Depreciation – Line 18

| | | |
|---|---|--|
| 1 From depreciation worksheets | 1 | |
| 2 Plus amount from Schedule K-1 worksheets | 2 | |
| 3 Add lines 1 and 2. | 3 | |
| 4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity. | 4 | |
| 5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18 | 5 | |

Passive Activities – Line 19

| | | |
|---|---|--|
| 1 Adjustment for recomputed income (loss) from passive activities | 1 | |
| 2 Adjustment for recomputed income (loss) from publicly traded partnerships | 2 | |
| 3 Other adjustments to passive activities | 3 | |
| 4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19 | 4 | |

Circulation Costs – Line 21

| | | |
|---|---|--|
| 1 Circulation costs adjustment from Schedule K-1 Worksheets | 1 | |
| 2 Other circulation costs adjustment | 2 | |
| 3 Total. Add lines 1 and 2. Enter on Form 6251, line 21 | 3 | |

Mining Costs – Line 23

| | | |
|---|---|--|
| 1 Mining costs adjustment from Schedule K-1 Worksheets | 1 | |
| 2 Other mining costs adjustment | 2 | |
| 3 Total. Add lines 1 and 2. Enter on Form 6251, line 23 | 3 | |

Research and Experimental Costs – Line 24

| | | |
|---|---|--|
| 1 Research and Experimental costs adjustment from Schedule K-1 Worksheets | 1 | |
| 2 Other research and experimental costs adjustment. | 2 | |
| 3 Total. Add lines 1 and 2. Enter on Form 6251, line 24 | 3 | |

Intangible Drilling Costs – Line 26

| | | |
|--|---|--|
| 1 Excess intangible drilling costs | 1 | |
| 2 Net income from oil and gas wells | 2 | |
| 3 Multiply line 2 by 65% (.65) | 3 | |
| 4 Tentative intangible drilling costs preference. Subtract line 3 from line 1. | 4 | |
| 5 Independent producers exception amount. | 5 | |
| 6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26 | 6 | |

Other Adjustments – Line 27

| | | |
|---|---|--|
| 1 Pre-1987 depreciation from depreciation worksheets. | 1 | |
| 2 Plus amount from Schedule K-1 worksheets | 2 | |
| 3 Add lines 1 and 2 | 3 | |
| 4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity. | 4 | |
| 5 Subtract line 4 from line 3. | 5 | |
| 6 Enter other adjustments, including income-based related adjustments | 6 | |
| 7 Total other adjustments. Add lines 5 and 6 and enter on Form 6251, line 27. | 7 | |

Alternative Minimum Taxable Income – Line 28

| | | |
|--|---|----------------|
| If married filing separately and Form 6251, line 28, is more than \$247,450: | | |
| 1 | Alternative minimum taxable income, Form 6251 | 1 _____ |
| 2 | Threshold amount | 2 _____ |
| 3 | Subtract line 2 from line 1 | 3 _____ |
| 4 | Multiply line 3 by 25% (.25) | 4 _____ |
| 5 | Smaller of line 4 or \$41,900 | 5 _____ |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 28. | 6 _____ |

Exemption – Line 29

| | | | |
|------------|--|------------|----------|
| 1 | Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately | 1 | 83,800. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 28. | 2 | 216,944. |
| 3 | Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately | 3 | 159,700. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 57,244. |
| 5 | Multiply line 4 by 25% (.25) | 5 | 14,311. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0- | 6 | 69,489. |
| | If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | _____ |
| 8 a | Enter the child's earned income , if any | 8 a | _____ |
| b | Enter any adjustments. | b | _____ |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0-. | 9 | _____ |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. | 10 | _____ |

Federal Carryover Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

2015 State and Local Income Tax Information (See Tax Help)

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| NY | | 5,000. | 13,336. | 140. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | 5,000. | 13,336. | 140. | | |

Other Tax and Income Information

| | | | 2015 | 2016 |
|---|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | 2 MFJ | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | 32,019. | 34,403. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | 225,656. | 219,880. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | 33,167. | 33,520. |
| 7 | Alternative minimum tax | 7 | 1,638. | 2,040. |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

| | | | 2015 | 2016 |
|------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b | Spouse's excess HSA contributions as of 12/31 | b | | |

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

| | | | 2015 | 2016 |
|------|---|------|------|------|
| 12 a | Short-term capital loss | 12 a | | |
| b | AMT Short-term capital loss | b | | |
| 13 a | Long-term capital loss | 13 a | | |
| b | AMT Long-term capital loss | b | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| b | AMT Net operating loss available to carry forward | b | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| b | AMT Investment interest expense disallowed | b | | |
| 16 | Nonrecaptured net Section 1231 losses from: | 16 a | | |
| | a 2016 | b | | |
| | b 2015 | c | | |
| | c 2014 | d | | |
| | d 2013 | e | | |
| | e 2012 | f | | |
| | f 2011 | | | |

William J & Indra Mattiace

117-52-2618

| Loss and Expense Carryovers (cont'd) | | | | | 2015 | 2016 |
|--------------------------------------|--|---|---|------|-------------|-------------|
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2016 . . . | 17 a | | |
| | | b | 2015 . . . | b | | |
| | | c | 2014 . . . | c | | |
| | | d | 2013 . . . | d | | |
| | | e | 2012 . . . | e | | |
| | | f | 2011 . . . | f | | |
| Credit Carryovers | | | | | 2015 | 2016 |
| 18 | General business credit | | | 18 | | |
| 19 | Adoption credit from: | a | 2016 | 19 a | | |
| | | b | 2015 | b | | |
| | | c | 2014 | c | | |
| | | d | 2013 | d | | |
| | | e | 2012 | e | | |
| 20 | Mortgage interest credit from: | a | 2016 | 20 a | | |
| | | b | 2015 | b | | |
| | | c | 2014 | c | | |
| | | d | 2013 | d | | |
| 21 | Credit for prior year minimum tax | | | 21 | | |
| 22 | District of Columbia first-time homebuyer credit | | | 22 | | |
| 23 | Residential energy efficient property credit | | | 23 | | |
| Other Carryovers | | | | | 2015 | 2016 |
| 24 | Section 179 expense deduction disallowed | | | 24 | | |
| 25 | Excess | a | Taxpayer (Form 2555, line 46) | 25 a | | |
| | foreign | b | Taxpayer (Form 2555, line 48) | b | | |
| | housing | c | Spouse (Form 2555, line 46) | c | | |
| | deduction: | d | Spouse (Form 2555, line 48) | d | | |

Charitable Contribution Carryovers

| 26 | 2015 Carryover of charitable contributions from: | Other Property | | Capital Gain | |
|----|--|----------------|---------|--------------|---------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2015 | | | | |
| b | 2014 | | | | |
| c | 2013 | | | | |
| d | 2012 | | | | |
| e | 2011 | | | | |
| 27 | 2016 Carryover of charitable contributions from: | Other Property | | Capital Gain | |
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2016 | | | | |
| b | 2015 | | | | |
| c | 2014 | | | | |
| d | 2013 | | | | |
| e | 2012 | | | | |

28 Amount overpaid less earned income credit 0.

2015 State Capital Loss Carryovers (For users **not** transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

IRA Information Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

| Part I Traditional IRA | | Taxpayer | Spouse |
|--|--|--------------------------|--------------------------|
| Basis and Value | | | |
| 1 | Total basis in traditional IRAs | | |
| 2 | Year-end value on 12/31/2016. | | |
| 3 | Basis carryover as of 12/31/2016 | | |
| Excess Contributions | | | |
| 4 | Excess contributions as of 12/31/2015 | | |
| 5 | Carryover of excess contributions to 2017 | | |
| Part II Roth IRA | | Taxpayer | Spouse |
| Basis (Contribution and Conversion History) | | | |
| 6 | Basis in Roth IRA contributions | | |
| 7 | Basis in Roth IRA conversions. | | 6,702. |
| 8 | Contribution basis carryover as of 12/31/2016 | | |
| 9 | Conversion basis carryover as of 12/31/2016 | | 6,702. |
| Excess Contributions | | | |
| 10 | Excess contributions as of 12/31/2015 | | |
| 11 | Carryover of excess contributions to 2017 | | |
| Part III Traditional IRA Basis Detail | | Taxpayer | Spouse |
| 12 | Basis for 2015 and earlier years | | |
| 13 | Adjustment due to return of excess contributions | | |
| 14 | Rollover of nontaxable portion of a qualified retirement plan | | |
| 15 | Basis received from former spouse due to divorce or inherited. . . | | |
| 16 | Basis transferred to former spouse due to divorce | | |
| 17 | Adjusted total basis in Traditional IRAs. | | |
| Part IV Traditional IRA Year-end Value Detail | | Taxpayer | Spouse |
| 18 | Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2016 (<i>See Help</i>) | | |
| 19 | If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2016. qualified charitable distributions (QCD) made in Jan. 2017 to be treated as made in December 2016 (<i>See Help</i>). | | |
| 20 | Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2016 | | |
| 21 | Check this box if you converted all of the traditional IRAs you had in 2016 to Roth IRAs in 2016. | <input type="checkbox"/> | <input type="checkbox"/> |

IRA Information Worksheet

► Keep for your records

2016

Page 2

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

| Part V Roth IRA Contribution and Conversion Balances | | Taxpayer | Spouse |
|---|--|--|---|
| 22 | Opened a Roth IRA before 2012 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2015 Balances (Basis - Before 2016 Transactions) | | | |
| 23 | Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) | | |
| 24 | Cumulative pre 2012 conversions - taxable and nontaxable | | 6,702. |
| 25 | 2012 conversion contributions taxable at conversion | | |
| 26 | 2012 conversion contributions not taxable at conversion | | |
| 27 | 2013 conversion contributions taxable at conversion | | |
| 28 | 2013 conversion contributions not taxable at conversion | | |
| 29 | 2014 conversion contributions taxable at conversion | | |
| 30 | 2014 conversion contributions not taxable at conversion | | |
| 31 | 2015 conversion contributions taxable at conversion | | |
| 32 | 2015 conversion contributions not taxable at conversion | | |
| 2016 Transactions - Contributions | | Taxpayer | Spouse |
| 33 | Regular Roth IRA contributions | | |
| 34 | Rollover from Roth 401(k) and Roth 403(b) | | |
| 35 | Conversion contributions taxable at conversion | | |
| 36 | Conversion contributions not taxable at conversion | | |
| 37 | Repayments of qualified Roth reservist distributions | | |
| 2016 Transactions - Distributions | | | |
| 38 | Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b) | | |
| 39 | Distributions from cumulative pre 2012 conversions | | |
| 40 | Distributions from 2012 conversions taxable at conversion | | |
| 41 | Distributions from 2012 conversions not taxable at conversion | | |
| 42 | Distributions from 2013 conversions taxable at conversion | | |
| 43 | Distributions from 2013 conversions not taxable at conversion | | |
| 44 | Distributions from 2014 conversions taxable at conversion | | |
| 45 | Distributions from 2014 conversions not taxable at conversion | | |
| 46 | Distributions from 2015 conversions taxable at conversion | | |
| 47 | Distributions from 2015 conversions not taxable at conversion | | |
| 48 | Distributions from 2016 conversions taxable at conversion | | |
| 49 | Distributions from 2016 conversions not taxable at conversion | | |
| 50 | Did you have any open Roth IRA accounts on 12/31/2016? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Balance c/over to 2017 (Basis - After 2016 Transactions) | | | |
| 51 | Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) | | |
| 52 | Cumulative pre 2013 conversions - taxable and nontaxable | | 6,702. |
| 53 | 2013 conversion contributions taxable at conversion | | |
| 54 | 2013 conversion contributions not taxable at conversion | | |
| 55 | 2014 conversion contributions taxable at conversion | | |
| 56 | 2014 conversion contributions not taxable at conversion | | |
| 57 | 2015 conversion contributions taxable at conversion | | |
| 58 | 2015 conversion contributions not taxable at conversion | | |
| 59 | 2016 conversion contributions taxable at conversion | | |
| 60 | 2016 conversion contributions not taxable at conversion | | |

IRA Information Worksheet

► Keep for your records

2016

Page 3

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

| Part VI Roth IRA Basis Adjustments | | Taxpayer | Spouse |
|--|--|----------|--------|
| Received From Former Spouse due to Divorce or Inheritance | | | |
| | Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) | | |
| 61 | | | |
| 62 | Cumulative pre 2012 conversions - taxable and nontaxable | | |
| 63 | 2012 conversion contributions taxable at conversion | | |
| 64 | 2012 conversion contributions not taxable at conversion | | |
| 65 | 2013 conversion contributions taxable at conversion | | |
| 66 | 2013 conversion contributions not taxable at conversion | | |
| 67 | 2014 conversion contributions taxable at conversion | | |
| 68 | 2014 conversion contributions not taxable at conversion | | |
| 69 | 2015 conversion contributions taxable at conversion | | |
| 70 | 2015 conversion contributions not taxable at conversion | | |
| 71 | 2016 conversion contributions taxable at conversion | | |
| 72 | 2016 conversion contributions not taxable at conversion | | |
| Transferred To Former Spouse due to Divorce | | | |
| | Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) | | |
| 73 | | | |
| 74 | Cumulative pre 2012 conversions - taxable and nontaxable | | |
| 75 | 2012 conversion contributions taxable at conversion | | |
| 76 | 2012 conversion contributions not taxable at conversion | | |
| 77 | 2013 conversion contributions taxable at conversion | | |
| 78 | 2013 conversion contributions not taxable at conversion | | |
| 79 | 2014 conversion contributions taxable at conversion | | |
| 80 | 2014 conversion contributions not taxable at conversion | | |
| 81 | 2015 conversion contributions taxable at conversion | | |
| 82 | 2015 conversion contributions not taxable at conversion | | |
| 83 | 2016 conversion contributions taxable at conversion | | |
| 84 | 2016 conversion contributions not taxable at conversion | | |

Your Name
Indra MattiaceSocial Security Number
071-62-9248Occupation in Which You Incurred Expenses
Dietitian**Line 4 – Other Business Expenses**

| | | | |
|---|--|---|--------|
| 1 | Business gifts | 1 | |
| 2 | Education | 2 | 260. |
| 3 | Home office (QuickZoom to Employee Home Office Wks) ► | 3 | |
| 4 | Trade publications | 4 | 280. |
| 5 | Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) | 5 | |
| 6 | Other: | | |
| | Uniform | 6 | 260. |
| | Union Dues | | 676. |
| | | | |
| | | | |
| 7 | Total other business expenses. Add lines 1 through 6. Carries to Form 2106, line 4 | 7 | 1,476. |

Line 7 – Allocation of Employer Reimbursements

| | | | |
|----|---|----|--|
| 8 | Reimbursements that were not reported in box 1 of Form W-2 | 8 | |
| 9 | Total expenses for the period(s) covered by the reimbursements on line 8 | 9 | |
| 10 | Meal and entertainment expenses included in line 9 | 10 | |
| 11 | Divide line 10 by line 9 | 11 | |
| 12 | Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B | 12 | |
| 13 | Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A | 13 | |
| | Department of Transportation (DOT) Employees - complete lines 14 - 19 | | |
| 14 | Employer reimbursement for meals and entertainment expenses | 14 | |
| 15 | Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14 | 15 | |
| 16 | Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits | 16 | |
| 17 | Divide line 16 by line 15 | 17 | |
| 18 | Employer reimbursement for DOT meals. Multiply line 14 by line 17 | 18 | |
| 19 | Employer reimbursement for other meals and entertainment. Subtract line 18 from line 14 | 19 | |

Line 10 – Allocation of Business Expenses

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

| | | | |
|----|--|----|--------|
| 20 | Total employee expenses from Form 2106, line 10. | 20 | 3,554. |
| 21 | Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) | 21 | |
| 22 | Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR). | 22 | |
| 23 | Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) | 23 | |
| 24 | Net employee expenses. Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) | 24 | 3,554. |

| | |
|---------------------------------|---------------------------------------|
| Your Name William J Mattiace | Social Security Number 117-52-2618 |
|---------------------------------|---------------------------------------|

Occupation in Which You Incurred Expenses
Computer Programmer

Line 4 – Other Business Expenses

| | | | |
|---|--|---|--------|
| 1 | Business gifts | 1 | |
| 2 | Education | 2 | 450. |
| 3 | Home office (QuickZoom to Employee Home Office Wks) ► | 3 | |
| 4 | Trade publications | 4 | 280. |
| 5 | Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) | 5 | 0. |
| 6 | Other: | | |
| | Union Dues | 6 | 610. |
| | Books, online service | | 120. |
| | 2016 Condition of employment nyc-1127 | | 2,442. |
| | 2015 unpaid Condition of employment nyc-1127 | | 983. |
| 7 | Total other business expenses. Add lines 1 through 6. Carries to Form 2106, line 4 | 7 | 4,885. |

Line 7 – Allocation of Employer Reimbursements

| | | | |
|--|---|----|--|
| 8 | Reimbursements that were not reported in box 1 of Form W-2 | 8 | |
| 9 | Total expenses for the period(s) covered by the reimbursements on line 8 | 9 | |
| 10 | Meal and entertainment expenses included in line 9 | 10 | |
| 11 | Divide line 10 by line 9 | 11 | |
| 12 | Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B | 12 | |
| 13 | Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A | 13 | |
| Department of Transportation (DOT) Employees - complete lines 14 - 19 | | | |
| 14 | Employer reimbursement for meals and entertainment expenses | 14 | |
| 15 | Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14 | 15 | |
| 16 | Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits | 16 | |
| 17 | Divide line 16 by line 15 | 17 | |
| 18 | Employer reimbursement for DOT meals. Multiply line 14 by line 17. | 18 | |
| 19 | Employer reimbursement for other meals and entertainment. Subtract line 18 from line 14 | 19 | |

Line 10 – Allocation of Business Expenses

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

| | | | |
|----|--|----|--------|
| 20 | Total employee expenses from Form 2106, line 10. | 20 | 5,035. |
| 21 | Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) | 21 | |
| 22 | Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR). | 22 | |
| 23 | Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) | 23 | |
| 24 | Net employee expenses. Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) | 24 | 5,035. |

Vehicle Expenses Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security Number 117-52-2618 |
|---|---------------------------------------|

Activity: Form 2106 Dietitian

Part I – Vehicle Information

Example: Ford Taurus

1 Make and model of vehicle Hyundai Sonata

Example: 06/15/2016

2 Date placed in service 01/01/2011

3 Type of vehicle A1 - Auto

Enter mileage readings, or total miles on line 4c

4 a Ending mileage reading _____

b Beginning mileage reading _____

c **Total miles** vehicle was driven during 2016 8,000

Line 4a less line 4b

Business miles

5 Number of miles driven for business 2,100

Travel between home and work.

6 Number of miles driven for commuting 4

Line 4c less lines 5 and 6

7 Number of miles driven for personal purposes 5,896

Line 5 divided by line 4c

8 Percent of business use 26.25

9 Average daily round trip commuting mileage 8

See Tax Help

10 a Have record of personal mileage for full year? ☐ Yes ☐ No

b Months for special allocation _____

11 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If **Yes**, is the evidence written? ☒ Yes ☐ No

12 Do you have another vehicle available for personal use? ☐ Yes ☒ No

13 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

Part II – Standard Mileage Rate (Rural mail carriers do not qualify for the standard mileage rate)

14 Did you own this vehicle, lease this vehicle, or was it not your vehicle? ☒ Own ☐ Lease ☐ Not mine

15 Did you use this vehicle for hire? (Example: Taxicab) Yes ☒ No

16 Did you use less than 5 vehicles for business at a time? ☒ Yes ☐ No

17 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? . . . ☒ Yes ☐ No

Only applies to vehicles placed in service in prior years

If you answered Own or Lease to line 14, and Yes to lines 16 and 17 you can take standard mileage for this vehicle (note: Line 15, vehicle for hire, is now allowed):

line 5 times .54

18 **Standard mileage deduction** 1,134.

Part III – Actual Expenses

| | | |
|-----------|--|--|
| 19 | Expenses: | |
| a | Gasoline | 1,030. |
| b | Oil | 180. |
| c | Tires | |
| d | Repairs | 1,100. |
| e | Vehicle insurance | 1,500. |
| f | Vehicle registration, license (excluding prop taxes) | 120. |
| g | Garage rent | |
| h | Vehicle lease or rental fees: | |
| 1 | 30 days or more | |
| 2 | 29 days or less | |
| 3 | Total vehicle lease/rental fees | |
| i | Leased vehicle inclusion amount: | |
| 1 | Year lease began | |
| 2 | FMV of leased vehicle | |
| 3 | Number of lease days in year | |
| 4 | Inclusion amount | |
| j | Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) | |
| k | Other | |
| 20 | Expense subtotal | 3,930. |
| | | Line 20 times line 8 (Business Percentage) |
| 21 | Expenses applicable to business | 1,032. |
| 22 | Depreciation of vehicle (from Part V) | 466. |
| 23 | Total actual expenses (line 21 plus line 22) | 1,498. |

Part IV – Standard Mileage versus Actual Expenses - The program automatically chooses the method that gives you the largest deduction. Check the other method if you want to use it instead. **Note:** If you are a rural mail carrier who receives qualified reimbursements, choose the actual expenses method.

| | | | |
|-----------|----------------------------|-------------------------------------|--------|
| 24 | Standard mileage | <input type="checkbox"/> | 1,134. |
| 25 | Actual expenses | <input checked="" type="checkbox"/> | 1,498. |

Part V – Vehicle Depreciation Information

| | | | | |
|-------------|---|-------------------------------------|---|--|
| 26 | For vehicle converted from personal use, complete lines a and b For vehicle acquired by trade-in, complete line c only | | | |
| a | Total cost when vehicle was acquired | | include sales tax | |
| b | FMV when vehicle was placed in service | | | |
| c | Vehicle basis (lesser of a or b, or trade-in value) | 23,000. | Cannot be greater than limit shown below. | |
| 27 | Enter the amount of Section 179 expense elected | | | |
| 28 | Depreciation and Section 179 limit for luxury cars | 466. | | |
| 29 a | Economic Stimulus - Qualified Property | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| b | Qualified Disaster Area - Qualified Property | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| c | Kansas Disaster Zone - Qualified Property | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| d | Gulf Opportunity Zone - Qualified Property | Reg <input type="checkbox"/> | Ext <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | 100% & 50% | 30% | N/A |
| e | Percentage for Special Depreciation Allowance | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f | Elect OUT of Special Depreciation Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g | Elect 30% in place of 50% Depr Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h | QuickZoom to view the Election statements | ▶ | | |
| i | Special Depreciation Allowance | | | |
| j | AMT Special Depreciation Allowance | | | |
| | If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year. | | | |
| 30 | Prior depreciation | 2,813. | | |
| 31 | Depreciation deduction | 466. | | |
| 32 | Limited to luxury car maximum | <input checked="" type="checkbox"/> | | |
| | If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year. | | | |
| 33 | AMT prior depreciation | 2,813. | | |
| 34 | AMT depreciation deduction | 466. | | |
| 35 | Limited to luxury car maximum | <input checked="" type="checkbox"/> | | |
| 36 | AMT adjustment/preference | 0. | | |
| 37 | QuickZoom to Asset Life History | ▶ | | |

Part VI – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2016.

- 38 Date vehicle sold, given away or abandoned in 2016 Example: 12/01/2016
- 39 Date vehicle acquired, if different from line 2 If converted from personal use
01/01/2011
Enter business portion only
- 40 Sales price Enter business portion only
- 41 Expense of sale
- 42 Sec 179 deduction allowed
- 43 Double-click to link sale to Form 6252 ▶
- 44 a Double-click to link sale to Form 8824 ▶
- b Form 8824: Depreciation at 100% business use
- c Form 8824: AMT depr at 100% business use Enter 100% of basis
- 45 Gain/loss basis, if different from line 26 Enter 100% of basis
- 46 AMT gain/loss basis, if different from line 68
- 47 Depreciation allowed or allowable
- 48 AMT depreciation allowed or allowable
- 49 Gain or loss
- 50 AMT gain or loss
- 51 Part of Form 4797 to which gain/loss carries

Part VII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- 52 Subject to automobile limitations? ☒ Yes ☐ No
- 53 Truck or van? ☐ Yes ☒ No
- 54 Electric passenger vehicle? ☐ Yes ☒ No
- 55 Heavy SUV? ☐ Yes ☒ No
- 56 Listed property? ☒ Yes ☐ No
- Applies to current year assets only.
- 57 Eligible Section 179 property? ☐ Yes ☐ No
- 58 Use IRS tables for MACRS property? ☐ Yes ☒ No
- 59 Qualified Indian reservation property? ☐ Yes ☒ No

Regular Depreciation

- 60 Depreciation type MACRS
- 61 Asset class 5
- 62 Depreciation method SL
- 63 MACRS convention HY
- 64 QuickZoom to set 2016 convention ▶
- 65 Recovery period 5.00
- 66 Year of depreciation 6
- 67 Depreciable basis 6,038.

Alternative Minimum Tax Depreciation

- 68 AMT basis, if different from cost
- 69 AMT depreciation method SL
- 70 AMT recovery period 5.00
- 71 AMT depreciable basis 6,038.

MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion

- 72 Elect OUT of regs under Sec 1.168(i)-6(i) ☐ Yes ☒ N/A Only election out supported
- 73 If asset represents entire basis of replacement property, enter excess basis Only excess basis is eligible for Section 179
- Pre-02/28/04 transactions only** (See Tax Help):
- 74 Asset ID (Enter same ID on all related assets)
- 75 Does asset represent exchanged basis of replacement property? ☐ Yes ☒ No "Yes" if exchanged basis, "No" if excess basis
- Only required if line 52 checked "Yes"
- 76 Total basis of all related parts.

State Depreciation

- 77 **QuickZoom** to select or delete states ►
- 78 a State (CA info must be entered in CA state return, do not enter here). NY
- b Asset status . Federal amounts used - no basis/class difference, no 179/SDA/truck/van deductions
- c State cost or basis 23,000.
- d State Section 179 deduction
- e State Section 179 deduction allowed (enter for dispositions only)
- f State Special Depreciation Allowance
- g State depreciable basis 6,038.
- h State prior depreciation 2,813.
- i **State depreciation deduction** ► 466.
- j If this asset represents entire basis of replacement property, enter excess basis
- k Form 8824: If luxury auto, enter depreciation at 100% business use
- l State gain/loss basis, if different from state cost.
- m Include vehicle in state return ☒ Yes ☐ No

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

117-52-2618

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

117-52-2618

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

Tax Year 2016

- Keep for your records

2016

William J & Indra Mattiace

Form 2106 - Dietitian

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

Tax Year 2016

- Keep for your records

2016

William J & Indra Mattiace

Form 2106 - Computer Programmer

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

Tax Year 2016

- Keep for your records

2016

William J & Indra Mattiace

Form 2106 - Dietitian

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Two-Year Comparison

2016

| Name(s) Shown on Return William J & Indra Mattiace | | | Social Security Number | |
|---|----------|----------|------------------------|---------|
| Income | 2015 | 2016 | Difference | % |
| Wages, salaries, tips, etc | 160,868. | 174,689. | 13,821. | 8.59 |
| Interest and dividend income | 9,111. | 9,779. | 668. | 7.33 |
| State tax refund | | | | |
| Business income (loss) | | | | |
| Capital and other gains (losses) | 55,677. | 32,198. | -23,479. | -42.17 |
| IRA distributions | | 3,214. | 3,214. | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 225,656. | 219,880. | -5,776. | -2.56 |
| Adjustments to Income | | | | |
| Adjusted Gross Income | 225,656. | 219,880. | -5,776. | -2.56 |
| Itemized Deductions | | | | |
| Medical and dental | | | | |
| Income or sales tax | 12,558. | 14,535. | 1,977. | 15.74 |
| Real estate taxes | 12,269. | 12,361. | 92. | 0.75 |
| Personal property and other taxes | 167. | | -167. | -100.00 |
| Interest paid | 1,408. | 646. | -762. | -54.12 |
| Gifts to charity | 1,805. | 2,290. | 485. | 26.87 |
| Casualty and theft losses | | | | |
| Miscellaneous | 3,812. | 4,571. | 759. | 19.91 |
| Phaseout of itemized deductions | | | | |
| Total Itemized Deductions | 32,019. | 34,403. | 2,384. | 7.45 |
| Standard or Itemized Deduction | 32,019. | 34,403. | 2,384. | 7.45 |
| Exemption Amount | 8,000. | 8,100. | 100. | 1.25 |
| Taxable Income | 185,637. | 177,377. | -8,260. | -4.45 |
| Income tax | 31,529. | 31,781. | 252. | 0.80 |
| Additional income taxes | | | | |
| Alternative minimum tax | 1,638. | 2,040. | 402. | 24.54 |
| Total Income Taxes | 33,167. | 33,821. | 654. | 1.97 |
| Nonbusiness credits | | 301. | 301. | |
| Business credits | | | | |
| Total Credits | | 301. | 301. | |
| Self-employment tax | | | | |
| Other taxes | | | | |
| Total Tax After Credits | 33,167. | 33,520. | 353. | 1.06 |
| Withholding | 16,684. | 19,921. | 3,237. | 19.40 |
| Estimated and extension payments | 10,000. | 9,000. | -1,000. | -10.00 |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | | | |
| Total Payments | 26,684. | 28,921. | 2,237. | 8.38 |
| Form 2210 penalty | 112. | 183. | 71. | 63.39 |
| Applied to next year's estimated tax | | | | |
| Refund | | | | |
| Balance Due | 6,595. | 4,782. | -1,813. | -27.49 |

Current year effective tax rate 15.24 %

Tax Summary
► Keep for your records

2016

Name (s)

William J & Indra Mattiace

| | |
|--|----------|
| Total income | 219,880. |
| Adjustments to income | |
| Adjusted gross income | 219,880. |
| Itemized/standard deduction | 34,403. |
| Exemption amount | 8,100. |
| Taxable income | 177,377. |
| Tentative tax | 31,781. |
| Additional taxes | |
| Alternative minimum tax | 2,040. |
| Total credits | 301. |
| Other taxes | |
| Total tax | 33,520. |
| Total payments | 28,921. |
| Estimated tax penalty | 183. |
| Amount Overpaid | 0. |
| Refund | 0. |
| Amount Applied to Estimate | 0. |
| Balance due | 4,782. |

Which Form 1040 to file?

You must use Form 1040 because
you are itemizing deductions.

Compare to U. S. Averages

► Keep for your records

2016

| | |
|---|-----------------------------------|
| Name(s) Shown on Return William J & Indra Mattiace | Social Security No 117-52-2618 |
|---|-----------------------------------|

Your 2016 adjusted gross income (AGI) 219,880.
National adjusted gross income range used below from 200,000. to 249,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|----------------------|---------------------|
| Salaries and wages | 174,689. | 180,287. |
| Taxable interest | 0. | 2,012. |
| Tax-exempt interest | | 9,218. |
| Dividends | 9,779. | 9,886. |
| Business net income | | 51,778. |
| Business net loss | | 10,057. |
| Net capital gain | 32,198. | 24,871. |
| Net capital loss | | 2,439. |
| Taxable IRA | 3,214. | 41,242. |
| Taxable pensions and annuities | | 51,023. |
| Rent and royalty net income | | 21,185. |
| Rent and royalty net loss | | 12,176. |
| Partnership and S corporation net income | | 66,832. |
| Partnership and S corporation net loss | | 15,795. |
| Taxable social security benefits | | 25,033. |
| Medical and dental expenses deduction | | 18,273. |
| Taxes paid deduction | 26,896. | 17,941. |
| Interest paid deduction | 646. | 11,758. |
| Charitable contributions deduction | 2,290. | 5,844. |
| Total itemized deductions | 34,403. | 35,861. |
| Child care credit | | 550. |
| Education tax credits | | 0. |
| Child tax credit | | 1,932. |
| Retirement savings contributions credit | | 0. |
| Earned income credit | | 0. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 219,880. | 224,098. |
| Taxable income | 177,377. | 179,138. |
| Income tax | 31,781. | 37,271. |
| Alternative minimum tax | 2,040. | 2,648. |
| Total tax liability | 33,520. | 38,721. |

Estimated Tax Payment Options

| | |
|--------------|---------------------------------------|
| Name: | <u>William J & Indra Mattiace</u> |
| SSN: | <u>117-52-2618</u> |

| Prepare My 2017 Estimated Taxes Based on | Tax Amount |
|--|------------|
| <input type="checkbox"/> 90% of tax on your 2017 estimated taxable income | 0. |
| <input type="checkbox"/> 100% of tax on your 2017 estimated taxable income | 0. |
| <input type="checkbox"/> 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help) | 0. |
| <input checked="" type="checkbox"/> 100% (110%) of your 2016 taxes (prior-year exception) Note: If your 2016 taxes were less than \$1000, see Tax Help | 36,872. |

| Amount of Estimated Taxes to Pay in 2017 | |
|--|---------|
| Taxes based on method above | 36,872. |
| Expected withholding for 2017 . . . (.2016 actual withholding) | 19,921. |
| Taxes due after withholding | 16,951. |
| Estimates you've already paid | |
| Last year's overpayment you applied to this year | |
| Balance of estimated taxes due | 16,951. |

| |
|---|
| Round My Payments Up |
| <input type="checkbox"/> To the next \$10 <input type="checkbox"/> To the next \$100 |

| |
|--|
| Prepare Estimated Tax Payment Vouchers |
| <input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 <input type="checkbox"/> No, do not prepare estimated tax payment vouchers |

| Schedule of Estimated Tax Payments for 2017 | |
|--|--------|
| Check the box for the payment date due next. We will prepare your vouchers based on your choice. | |
| <input type="checkbox"/> Payment number 1, due April 18, 2017 | 4,238. |
| <input type="checkbox"/> Payment number 2, due June 15, 2017 | 4,238. |
| <input type="checkbox"/> Payment number 3, due September 15, 2017 | 4,238. |
| <input type="checkbox"/> Payment number 4, due January 16, 2018 | 4,238. |

| | |
|---|---------|
| Total estimated tax payments for 2017 | 16,952. |
|---|---------|

| |
|---|
| Print Estimated Tax Vouchers |
| <input checked="" type="checkbox"/> Yes, print those prepared by program <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: William J & Indra Mattiace

Primary SSN: 117-52-2618

Federal Return Submitted: April 08, 2017 12:41 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/08/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

[illegible]

SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

| Dividend Income Smart Worksheet | | | | | | | |
|--|----------------------------------|---|--------------------------------|---------------------------------------|------------------------------------|--------------|---------------------------|
| Payer's Name To access 1099-DIV, Double-Click from payer | | | | | | | |
| Box 1a Tot Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Capital Gain Distributions | Box 2b Unrecap. Sec 1250 | Box 3 Nondividend Distributions | Box 10 Exempt- int Dividends | State ID* | Private Actvty Bond |
| Tweedy Browne Funds | | | | | | | |
| 5,504.02 | 5,504.02 | 7,663.23 | | | | | |
| The Royce Funds | | | | | | | |
| 91.91 | 91.91 | 3,032.63 | | | | | |
| Fairholme Funds | | | | | | | |
| 921.73 | 82.68 | 2,683.56 | | | | | |
| Selected Funds | | | | | | | |
| 1,634.91 | 1,634.91 | 18,818.92 | | | | | |
| See Additional Dividend Income | | | | | | | |
| 1,626.06 | 1,553.18 | | | | | | |

SMART WORKSHEET FOR: Form 2106: Employee Business Expense (Copy 1)

| Form 2106, Part I Smart Worksheet | |
|-----------------------------------|--|
| A | Check this box to use this form for spouse's employee expenses. If blank, taxpayer assumed <input checked="" type="checkbox"/> X |
| B | For entry of business expenses (incl non-auto depreciation), employer reimbursement information and qualified performing artist, Armed Forces reserve-related travel, or impairment-related work expenses, QuickZoom to Form 2106 Adjustments Wks . . . ▶ |
| C | Check this box to file Form 2106 even if you qualify to file Form 2106-EZ <input type="checkbox"/> |
| D | QuickZoom to Form 2106-EZ for these employee business expenses ▶ |
| E | Check this box if a fee basis state or local government official <input type="checkbox"/> |
| F | Check this box if subject to Department of Transportation (DOT) hours of service limits <input type="checkbox"/> |
| G | QuickZoom to another copy of Form 2106 ▶ |
| H | Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I | Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No |
| J | Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| K | Was this activity located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| L | Employee home office used for daycare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SMART WORKSHEET FOR: Form 5695: Residential Energy Credits

Residential Energy Property Smart Worksheet

Before entering your costs, see the IRS instructions for lines 22a through 22c for requirements that must be met for each property to qualify for the nonbusiness energy property credit. Include the cost allocable to onsite preparation, assembly, or original installation of property on this smart worksheet.

- A** Amounts you paid for energy-efficient building property _____
- B** Amounts you paid for a qualified natural gas, propane, or oil furnace or hot water boiler 1,500.
- C** Amounts you paid for an advanced main air circulating fan used in a natural gas, propane or oil furnace _____

SMART WORKSHEET FOR: Form 5695: Residential Energy Credits

Nonbusiness Energy Property Credit Limit Smart Worksheet

- A** Enter the amount from Form 1040, line 47, or Form 1040NR, line 45 33,821.
- B** Enter the total, if any, of your credits from Form 1040, lines 48 through 51, and Schedule R, line 22; or Form 1040NR, lines 46 through 48 151.
- C** Subtract line B from line A. Also enter this amount on Form 5695, line 29.
If zero or less, **stop**; you cannot take the nonbusiness energy property credit. 33,670.

SMART WORKSHEET FOR: Dependent Information Worksheet (Nicole)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☒ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☒ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☐
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Laura)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☒ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☒ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☐
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- | | | |
|---|--|--------|
| 1 | Sum of lines 5a through 5d below | 629.50 |
| 2 | Limited amount to report on Sch A, line 10 | |

B Home mortgage interest not reported on Form 1098:

- | | | |
|---|--|--|
| 1 | Sum of lines 6a and 6b below | |
| 2 | Limited amount to report on Sch A, line 11 | |

C Points not reported on Form 1098:

- | | | |
|---|--|-------|
| 1 | Sum of lines 7a through 7c below | 16.00 |
| 2 | Limited amount to report on Sch A, line 12 | |

Additional information from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

Additional Dividend Income

Continuation Statement

| | Box 1a Tot Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Capital Gain Distributions | Box 2b Unrecap. Sec 1250 | Box 3 Nondividend Distributions | Box 10 Exempt- int Dividends | State ID* | Private Actvty Bond |
|--------------|-------------------------------------|----------------------------------|---|--------------------------------|---------------------------------------|------------------------------------|--------------|---------------------------|
| Harbor Funds | | | | | | | | |
| | 1,336.39 | 1,336.39 | | | | | | |
| Vanguard | | | | | | | | |
| | 289.67 | 216.79 | | | | | | |
| Total | 1,626.06 | 1,553.18 | | | | | | |

Electronic Filing Instructions for your 2016 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

| | |
|-------------------------------------|--|
| Balance Due/Refund | Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$599.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 55010943 Routing Transit Number: 021000089. |
| Where's My Refund? | Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at http://www.nystax.gov/ . |
| No Signature Document Needed | No signature form is required since you signed your return electronically. |
| What You Need to Keep | Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns |
| Other Forms to Mail | <p>Your Form NYC-1127 (Joint or Employee's Copy) tax return, shows a balance due of \$4,568.00. If paying by check or money order do NOT include the payment with the return. Mail your check or money order with payment voucher form NYC-200V-1127 for this amount payable to the "NYC Department of Finance". Write the last four digits of your social security number and "2016 Income Tax" on the check.</p> <p>Mail your Form NYC-1127 (Joint or Employee's Copy) to the following address by May 15, 2017:</p> <p>NYC Department of Finance Section 1127 PO Box 5564 Binghamton, NY 13902-5564</p> <p>Mail your payment and Form NYC-200V-1127 ONLY to the following address by May 15, 2017:</p> <p>NYC Department of Finance PO Box 3933 New York, NY 10008-3933</p> |

Electronic Filing Instructions for your 2016 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

| | | | |
|---|------------------------|----|------------|
| 2016 New York Tax Return Summary | Taxable Income | \$ | 201,398.00 |
| | Total Tax | \$ | 12,796.00 |
| | Total Payments/Credits | \$ | 13,395.00 |
| | Amount to be Refunded | \$ | 599.00 |

Estimated Payments to Make for Next Year's Return

New York Estimated Payment Vouchers for 2017 - Do not mail the following vouchers (Form IT-2105) with your 2016 income tax return. These vouchers are used to prepay your 2017 income taxes that will be filed next year.

Mail payments according to the schedule below:

| Voucher Number | Due Date | Amount |
|----------------|------------|-------------|
| 1 | 04/18/2017 | \$ 1,171.00 |
| 2 | 06/15/2017 | \$ 1,170.00 |
| 3 | 09/15/2017 | \$ 1,170.00 |
| 4 | 01/16/2018 | \$ 1,170.00 |

You can pay this amount electronically through the NY State Department of taxation website at <https://www.tax.ny.gov>. If you choose to file by mail, include a separate check or money order for each payment, payable to, "NYS Income Tax". Write "2017 IT-2105" on each check.

Mail your estimated payments to:

NYS Estimated Income Tax
Processing Center
PO Box 4122
Binghamton, NY 13902-4122

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?

Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.

**Telephone assistance**

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 01/25/17 TTW

Calendar-year filer due dates: April 18, 2017; June 15, 2017; September 15, 2017; and January 16, 2018. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2017 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | | | | |
|--|-------------|--|--|----------------|
| Full SSN or taxpayer ID number 117522618 | | Enter your 2-character special condition code if applicable (see instr.) <input type="text"/> | | New York State |
| Taxpayer's first name and middle initial WILLIAM J | | Taxpayer's last name MATTIACE | | New York City |
| Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET | | Apartment number PVT | | Yonkers |
| City, village, or post office FLORAL PARK | State NY | ZIP code 11001 | | MCTMT |
| Taxpayer's e-mail address GMATTIAW@GMAIL.COM | | | | |

Estimated tax amounts

| | Dollars | Cents |
|----------------------|---------|-------|
| New York State | 1171 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| Total payment | 1171 | 00 |

STOP: Pay this electronically on our website

0601171555 117522618 1

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

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- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

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Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 01/25/17 TTW

Calendar-year filer due dates: April 18, 2017; June 15, 2017; September 15, 2017; and January 16, 2018. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2017 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | | | | |
|--|-------------|--|--|----------------|
| Full SSN or taxpayer ID number 117522618 | | Enter your 2-character special condition code if applicable (see instr.) <input type="text"/> | | New York State |
| Taxpayer's first name and middle initial WILLIAM J | | Taxpayer's last name MATTIACE | | New York City |
| Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET | | Apartment number PVT | | Yonkers |
| City, village, or post office FLORAL PARK | State NY | ZIP code 11001 | | MCTMT |
| Taxpayer's e-mail address GMATTIAW@GMAIL.COM | | | | |

Estimated tax amounts

| | Dollars | Cents |
|----------------------|---------|-------|
| New York State | 1170 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| Total payment | 1170 | 00 |

STOP: Pay this electronically on our website

0601171555 117522618 1

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?

Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.

**Telephone assistance**

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 01/25/17 TTW

Calendar-year filer due dates: April 18, 2017; June 15, 2017; September 15, 2017; and January 16, 2018. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2017 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | | | | |
|--|-------------|--|--|----------------|
| Full SSN or taxpayer ID number 117522618 | | Enter your 2-character special condition code if applicable (see instr.) <input type="text"/> | | New York State |
| Taxpayer's first name and middle initial WILLIAM J | | Taxpayer's last name MATTIACE | | New York City |
| Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET | | Apartment number PVT | | Yonkers |
| City, village, or post office FLORAL PARK | State NY | ZIP code 11001 | | MCTMT |
| Taxpayer's e-mail address GMATTIAW@GMAIL.COM | | | | |

Estimated tax amounts

| | Dollars | Cents |
|----------------------|---------|-------|
| New York State | 1170 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| Total payment | 1170 | 00 |

STOP: Pay this electronically on our website

0601171555 117522618 1

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To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

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- get information and manage your taxes online
- check for new online services and features



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Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

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Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 01/25/17 TTW

Calendar-year filer due dates: April 18, 2017; June 15, 2017; September 15, 2017; and January 16, 2018. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2017 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | | | | |
|--|-------------|--|--|----------------|
| Full SSN or taxpayer ID number 117522618 | | Enter your 2-character special condition code if applicable (see instr.) <input type="text"/> | | New York State |
| Taxpayer's first name and middle initial WILLIAM J | | Taxpayer's last name MATTIACE | | New York City |
| Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET | | Apartment number PVT | | Yonkers |
| City, village, or post office FLORAL PARK | State NY | ZIP code 11001 | | MCTMT |
| Taxpayer's e-mail address GMATTIAW@GMAIL.COM | | | | |

Estimated tax amounts

| | Dollars | Cents |
|----------------------|---------|-------|
| New York State | 1170 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| Total payment | 1170 | 00 |

STOP: Pay this electronically on our website

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**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ...

16

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

| | | | | | | | | |
|--|--|----|--|----------|-------------------------------------|--|------------------------------------|--|
| Your first name | | MI | Your last name (for a joint return, enter spouse's name on line below) | | Your date of birth (mmddyyyy) | | Your social security number | |
| WILLIAM | | J | MATTIACE | | 04041957 | | 117522618 | |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's social security number | |
| INDRA | | | MATTIACE | | 10311955 | | 071629248 | |
| Mailing address (see instructions, page 13) (number and street or PO box) | | | | | Apartment number | | New York State county of residence | |
| 186 LOCUST STREET | | | | | PVT | | NASSAU | |
| City, village, or post office | | | State | ZIP code | Country (if not United States) | | School district name | |
| FLORAL PARK | | | NY | 11001 | | | FLORAL PARK-BELLEROSE | |
| Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route) | | | | | Apartment number | | School district code number | |
| | | | | | | | 195 | |
| City, village, or post office | | | State | ZIP code | Taxpayer's date of death (mmddyyyy) | | Spouse's date of death (mmddyyyy) | |
| | | | NY | | Decedent information | | | |

A Filing status

(mark an X in one box):

- ① ☐ Single
- ② ☒ Married filing joint return
(enter spouse's social security number above)
- ③ ☐ Married filing separate return
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 federal income tax return? Yes ☒ No ☐**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the total amount00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months **you** lived in NYC in 2016
- (2) Number of months **your spouse** lived in NYC in 2016

G Enter your **2-character special condition code(s)** if applicable (see page 14)**H Dependent exemption information** (see page 15)

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an X in the box. ☐

201001161555



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

| |
|-----------------------------|
| Your social security number |
| 117522618 |

Federal income and adjustments (see page 15)

Whole dollars only

| | | | |
|----|--|----|------------|
| 1 | Wages, salaries, tips, etc. | 1 | 174689 .00 |
| 2 | Taxable interest income | 2 | 0 .00 |
| 3 | Ordinary dividends | 3 | 9779 .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | 32198 .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/> | 9 | 3214 .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | .00 |
| 12 | Rental real estate included in line 11 | 12 | .00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 |
| 15 | Taxable amount of social security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income (see page 15) Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 219880 .00 |
| 18 | Total federal adjustments to income (see page 15) Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 219880 .00 |

New York additions (see page 16)

| | | | |
|----|--|----|------------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 16) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19 through 23 | 24 | 219880 .00 |

New York subtractions (see page 17)

| | | | |
|----|--|----|------------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government (see page 17) | 26 | .00 |
| 27 | Taxable amount of social security benefits (from line 15) | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion (see page 18) | 29 | 536 .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18) | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | 536 .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 219344 .00 |

Standard deduction or itemized deduction (see page 20)

| | | | |
|----|--|----|------------|
| 34 | Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized | 34 | 17946 .00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 201398 .00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 20) | 36 | 000 .00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 201398 .00 |

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| | |
|------------------------------|-----------------------------|
| Name(s) as shown on page 1 | Your social security number |
| WILLIAM J AND INDRA MATTIACE | 117522618 |

Tax computation, credits, and other taxes

| | | |
|--|-----------|------------|
| 38 Taxable income (from line 37 on page 2) | 38 | 201398 .00 |
| 39 NYS tax on line 38 amount (see page 21) | 39 | 13393 .00 |
| 40 NYS household credit (page 21, table 1, 2, or 3) | 40 | .00 |
| 41 Resident credit (see page 22) | 41 | .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) | 42 | 597 .00 |
| 43 Add lines 40, 41, and 42 | 43 | 597 .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 12796 .00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | 45 | .00 |
| 46 Total New York State taxes (add lines 44 and 45) | 46 | 12796 .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|--|------------|-------|
| 47 NYC resident tax on line 38 amount (see page 22) | 47 | .00 |
| 48 NYC household credit (page 22, table 4, 5, or 6) | 48 | .00 |
| 49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) | 49 | .00 |
| 50 Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 Add lines 49, 50, and 51 | 52 | .00 |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | .00 |
| 54a MCTMT net earnings base | 54a | .00 |
| 54b MCTMT | 54b | .00 |
| 55 Yonkers resident income tax surcharge (see page 25) | 55 | .00 |
| 56 Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) | 58 | .00 |
| 59 Sales or use tax (see page 26; do not leave line 59 blank) | 59 | 0 .00 |

Voluntary contributions (see page 27)

| | | |
|---|------------|-----------|
| 60a Return a Gift to Wildlife | 60a | .00 |
| 60b Missing/Exploited Children Fund | 60b | .00 |
| 60c Breast Cancer Research Fund | 60c | .00 |
| 60d Alzheimer's Fund | 60d | .00 |
| 60e Olympic Fund (\$2 or \$4; see page 27) | 60e | .00 |
| 60f Prostate and Testicular Cancer Research and Education Fund | 60f | .00 |
| 60g 9/11 Memorial | 60g | .00 |
| 60h Volunteer Firefighting & EMS Recruitment Fund | 60h | .00 |
| 60i Teen Health Education | 60i | .00 |
| 60j Veterans Remembrance | 60j | .00 |
| 60k Homeless Veterans | 60k | .00 |
| 60l Mental Illness Anti-Stigma Fund | 60l | .00 |
| 60m Women's Cancers Education and Prevention Fund | 60m | .00 |
| 60n Autism Fund | 60n | .00 |
| 60 Total voluntary contributions (add lines 60a through 60n) | 60 | .00 |
| 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | 12796 .00 |

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number

117522618

62 Enter amount from line 61 **62** 12796 .00**Payments and refundable credits** (see page 28)

| | | |
|---|------------|----------|
| 63 Empire State child credit | 63 | .00 |
| 63a Family tax relief credit | 63a | .00 |
| 64 NYS/NYC child and dependent care credit | 64 | .00 |
| 65 NYS earned income credit (EIC) | 65 | .00 |
| 66 NYS noncustodial parent EIC | 66 | .00 |
| 67 Real property tax credit | 67 | .00 |
| 68 College tuition credit | 68 | .00 |
| 69 NYC school tax credit (also complete F on page 1; see page 29) | 69 | .00 |
| 70 NYC earned income credit | 70 | .00 |
| 70a NYC enhanced real property tax credit | 70a | .00 |
| 71 Other refundable credits (Form IT-201-ATT, line 18) | 71 | .00 |
| 72 Total New York State tax withheld | 72 | 9395 .00 |
| 73 Total New York City tax withheld | 73 | .00 |
| 74 Total Yonkers tax withheld | 74 | .00 |
| 75 Total estimated tax payments and amount paid with Form IT-370 | 75 | 4000 .00 |

76 Total payments (add lines 63 through 75) **76** 13395 .00**Your refund, amount you owe, and account information** (see pages 31 through 33)77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** 599 .0078 Amount of line 77 to be refunded
Mark one refund choice: ☒ direct deposit (fill in line 83) - or - ☐ paper check **78** 599 .0079 Amount of line 77 that you want applied to your
2017 estimated tax (see instructions) **79** .0080 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** .0081 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) **81** .0082 Other penalties and interest (see page 32) **82** .0083 Account information for direct deposit or electronic funds withdrawal (see page 32).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 32) ☐83a Account type: ☐ Personal checking - or - ☒ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000089 83c Account number 55010943

84 Electronic funds withdrawal (see page 33) Date Amount00

| | | | |
|--|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | E-mail: | | |

| | | | |
|---|--|--------------------------------|--------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature | | Preparer's printed name | |
| Firm's name (or yours, if self-employed) SELF-PREPARED | | Preparer's PTIN or SSN | |
| Address | | Employer identification number | |
| | | Date | |
| E-mail: | | | |

| | |
|--|--|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation COMPUTER PROGRAMMER | |
| Spouse's signature and occupation (if joint return) DIETITIAN | |
| Date | Daytime phone number (516) 488-7153 |
| E-mail: GMATTIAW@GMAIL.COM | |

See instructions for where to mail your return.

201004161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

| | |
|--------------------------------------|-----------------------------|
| Name(s) as shown on your Form IT-201 | Your social security number |
| WILLIAM J AND INDRA MATTIACE | 117522618 |

Whole dollars only

| | | |
|--|----|-----------|
| 1 Medical and dental expenses (federal Schedule A, line 4) | 1 | .00 |
| 2 Taxes you paid (federal Schedule A, line 9) | 2 | 26896 .00 |
| 3 Interest you paid (federal Schedule A, line 15) | 3 | 646 .00 |
| 4 Gifts to charity (federal Schedule A, line 19) | 4 | 2290 .00 |
| 5 Casualty and theft losses (federal Schedule A, line 20) | 5 | .00 |
| 6 Job expenses/miscellaneous deductions (federal Schedule A, line 27) | 6 | 4571 .00 |
| 7 Other miscellaneous deductions (federal Schedule A, line 28) | 7 | .00 |
| 8 Enter amount from federal Schedule A, line 29 | 8 | 34403 .00 |
| 9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) | 9 | 14535 .00 |
| 10 Subtract line 9 from line 8 | 10 | 19868 .00 |
| 11 Addition adjustments (see instructions) | 11 | .00 |
| 12 Add lines 10 and 11 | 12 | 19868 .00 |
| 13 Itemized deduction adjustment (see instructions) | 13 | 1922 .00 |
| 14 Subtract line 13 from line 12 | 14 | 17946 .00 |
| 15 College tuition itemized deduction (see Form IT-272) | 15 | .00 |
| 16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34) | 16 | 17946 .00 |

NO HANDWRITTEN ENTRIES ON THIS FORM

201005161555





Department of Taxation and Finance
Other Tax Credits and Taxes
Attachment to Form IT-201

REV 01/25/17 TTW

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

| | |
|--------------------------------------|-----------------------------|
| Name(s) as shown on your Form IT-201 | Your social security number |
| WILLIAM J AND INDRA MATTIACE | 117522618 |

- A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes ☐ No ☒

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

| | | | |
|--|---|----|-------------|
| 1 | Accumulation distribution credit (submit computation) | 1 | .00 |
| 2 | Other nonrefundable, non-carryover credits | | |
| 2a | Code Amount | 2b | Code Amount |
| | .00 | | .00 |
| Total other nonrefundable, non-carryover credits (add lines 2a and 2b) | | 2 | .00 |

Section B – New York State nonrefundable, carryover credits used

| | | | |
|--|---|----|-------------|
| 3 | Long-term care insurance credit | 3 | 597.00 |
| 4 | Investment credit | 4 | .00 |
| 5 | Solar energy system equipment credit | 5 | .00 |
| 6 | Other nonrefundable, carryover credits | | |
| 6a | Code Amount | 6h | Code Amount |
| | .00 | | .00 |
| 6b | .00 | 6i | .00 |
| 6c | .00 | 6j | .00 |
| 6d | .00 | 6k | .00 |
| 6e | .00 | 6l | .00 |
| 6f | .00 | 6m | .00 |
| 6g | .00 | 6n | .00 |
| Total other nonrefundable, carryover credits (add lines 6a through 6n) | | 6 | .00 |
| 7 | Total New York State nonrefundable credits used | | |
| (add lines 1 through 6; enter here and on Form IT-201, line 42) | | 7 | 597.00 |

Section C – New York City nonrefundable, non-carryover credits used

| | | | |
|--|--|----|-----|
| 8 | New York City resident UBT credit | 8 | .00 |
| 8a | New York City resident GCT credit | 8a | .00 |
| 9 | New York City accumulation distribution credit (submit computation) | 9 | .00 |
| 9a | Part-year resident nonrefundable NYC child and dependent care credit | 9a | .00 |
| 10 | Total other New York City nonrefundable credits used | | |
| (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) | | 10 | .00 |

Section D – New York State, New York City, Yonkers, and MCTMT refundable credits

| | | | |
|--|----------------------------------|-----|-------------|
| 11 | Farmers' school tax credit | 11 | .00 |
| 12 | Other refundable credits | | |
| 12a | Code Amount | 12g | Code Amount |
| | .00 | | .00 |
| 12b | .00 | 12h | .00 |
| 12c | .00 | 12i | .00 |
| 12d | .00 | 12j | .00 |
| 12e | .00 | 12k | .00 |
| 12f | .00 | 12l | .00 |
| Total other refundable credits (add lines 12a through 12l) | | 12 | .00 |
| 13 | Add lines 11 and 12 | 13 | .00 |

(continued on back)

241001161555



NO HANDWRITTEN ENTRIES ON THIS FORM

Your social security number

117522618

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

| | | |
|---|------------|-----|
| 14 Enter amount from line 13 on the front page | 14 | .00 |
| 15 New York State claim of right credit | 15 | .00 |
| 16 New York City claim of right credit | 16 | .00 |
| 17 Yonkers claim of right credit | 17 | .00 |
| 17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit | 17a | .00 |
| 18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71) | 18 | .00 |

Part 2 – Other New York State taxes (submit all applicable forms)If you are subject to other New York State taxes, **complete Part 2.**

| 19 New York State tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>) | 19 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|------------|--------|--------|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|--|--|
| 20 Other New York State taxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <thead> <tr> <th>Code</th> <th>Amount</th> <th>Code</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>20a</td><td>.00</td><td>20g</td><td>.00</td></tr> <tr><td>20b</td><td>.00</td><td>20h</td><td>.00</td></tr> <tr><td>20c</td><td>.00</td><td>20i</td><td>.00</td></tr> <tr><td>20d</td><td>.00</td><td>20j</td><td>.00</td></tr> <tr><td>20e</td><td>.00</td><td>20k</td><td>.00</td></tr> <tr><td>20f</td><td>.00</td><td>20l</td><td>.00</td></tr> </tbody> </table> | Code | Amount | Code | Amount | 20a | .00 | 20g | .00 | 20b | .00 | 20h | .00 | 20c | .00 | 20i | .00 | 20d | .00 | 20j | .00 | 20e | .00 | 20k | .00 | 20f | .00 | 20l | .00 | | |
| Code | Amount | Code | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20a | .00 | 20g | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20b | .00 | 20h | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20c | .00 | 20i | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20d | .00 | 20j | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20e | .00 | 20k | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20f | .00 | 20l | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total other New York State taxes (add lines 20a through 20l) | 20 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Add lines 19 and 20 | 21 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 See instructions for line 22 | 22 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Enter amount from Form IT-201 , line 39 | 23 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) | 24 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) | 25 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 New York State separate tax on lump-sum distributions (<i>Form IT-230</i>) | 26 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Resident credit against separate tax on lump-sum distributions | 27 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Subtract line 27 from line 26 | 28 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 This line intentionally left blank | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45) | 30 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part 3 – Other New York City taxes (submit all applicable forms)

| | | |
|---|-----------|-----|
| 31 This line intentionally left blank | 31 | |
| 32 New York City resident separate tax on lump-sum distributions (<i>Form IT-230</i>) | 32 | .00 |
| 33 New York City tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>) | 33 | .00 |
| 34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51) | 34 | .00 |

NO HANDWRITTEN ENTRIES ON THIS FORM





Claim for Long-Term Care Insurance Credit

IT-249

Tax Law - Section 606(aa)

| | |
|--|--|
| Name(s) as shown on return WILLIAM J AND INDRA MATTIACE | Identifying number as shown on return 117522618 |
|--|--|

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

| | | |
|--|---|----------|
| 1 Qualified long-term care insurance premiums paid for the current tax year (see instructions) | 1 | 2987 .00 |
| 2 Credit rate (20%) | 2 | .20 |
| 3 Credit for qualified long-term care insurance (multiply line 1 by line 2) | 3 | 597 .00 |

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 3 on Schedule E, line 8.**Schedule B – Partnership, S corporation, estate, and trust information (see instructions)**

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

| Name of entity | Type | Employer ID number |
|----------------|------|--------------------|
| | | |
| | | |

Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

| | | | | |
|---------------------------|---|--|---|-----|
| Partner | 4 | Enter your share of the credit from your partnership | 4 | .00 |
| S corporation shareholder | 5 | Enter your share of the credit from your S corporation | 5 | .00 |
| Beneficiary | 6 | Enter your share of the credit from the fiduciary's Form IT-249, Schedule D, column C | 6 | .00 |
| | 7 | Totals (add lines 4, 5, and 6) | 7 | .00 |

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 7 on Schedule E, line 9.**Schedule D – Beneficiary's and fiduciary's share of credit (see instructions)**

| A Beneficiary's name (same as on Form IT-205, Schedule C) | B Identifying number | C Share of qualified long-term care insurance credit |
|--|-------------------------|--|
| Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7) | | .00 |
| | | .00 |
| | | .00 |
| Fiduciary | | .00 |

(continued on back)



Schedule E – Computation of credit available for the current year

| | | | | |
|--|-----------|---|-----------|---------|
| Individuals and partnerships | 8 | Enter the amount from Schedule A, line 3 | 8 | 597 .00 |
| Partners, S corporation shareholders, beneficiaries | 9 | Enter the amount from Schedule C, line 7 | 9 | .00 |
| Fiduciaries | 10 | Enter the amount from Schedule D, <i>Fiduciary</i> line, column C | 10 | .00 |
| | 11 | Total credit available for the current year (add lines 8, 9, and 10) | 11 | 597 .00 |

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.

Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.

Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

| | | | |
|-----------|--|-----------|---------|
| 12 | Enter the amount from line 11 | 12 | 597 .00 |
| 13 | Enter the carryover credit from last year's Form IT-249 | 13 | .00 |
| 14 | Total credit (add lines 12 and 13; complete Schedule H) | 14 | 597 .00 |

Schedule G – New York State nonresidents and part-year residents computation of total credit

| | | | |
|-----------|--|-----------|-----|
| 15 | Enter the amount from line 11 | 15 | .00 |
| 16 | Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000) | 16 | |
| 17 | Nonresident and part-year resident credit (multiply line 15 by line 16) | 17 | .00 |
| 18 | Enter the carryover credit from last year's Form IT-249 | 18 | .00 |
| 19 | Total credit (add lines 17 and 18; complete Schedule H) | 19 | .00 |

Schedule H – Computation of credit used and carried over

| | | | |
|-----------|---|-----------|-----------|
| 20 | Tax due before credits (see instructions) | 20 | 13393 .00 |
| 21 | Credits applied against the tax before this credit (see instructions) | 21 | .00 |
| 22 | Net tax (subtract line 21 from line 20) | 22 | 13393 .00 |
| 23 | Credit used for the current tax year (see instructions) | 23 | 597 .00 |
| 24 | Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19 | 24 | .00 |





Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

| | |
|--|---|
| Name(s) as shown on return WILLIAM J AND INDRA MATTIACE | Identification number (SSN or EIN) 117522618 |
|--|---|

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

| | | | |
|----|---|----|-----------|
| 1 | Total tax from your 2016 return before withholding and estimated tax payments (caution: see instructions) | 1 | 12796 .00 |
| 2 | Empire State child credit (from Form IT-201, line 63) | 2 | .00 |
| 3 | NYS/NYC child and dependent care credit (from Form IT-201, line 64) | 3 | .00 |
| 4 | NY State earned income credit (EIC) (from Form IT-201, line 65) | 4 | .00 |
| 5 | NY State noncustodial parent EIC (from Form IT-201, line 66) | 5 | .00 |
| 6 | Real property tax credit (from Form IT-201, line 67) | 6 | .00 |
| 7 | College tuition credit (from Form IT-201, line 68) | 7 | .00 |
| 7a | Total amount of any check(s) received from the Tax Department for any school or property tax credits (see instructions) | 7a | .00 |
| 7b | Family tax relief credit (from Form IT-201, line 63a) | 7b | .00 |
| 8 | NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60) | 8 | .00 |
| 9 | NY City earned income credit (from Form IT-201, line 70) | 9 | .00 |
| 9a | NY City enhanced real property tax credit (from Form IT-201, line 70a) | 9a | .00 |
| 10 | Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) | 10 | .00 |
| 11 | Add lines 2 through 10 | 11 | .00 |
| 12 | Current year tax (subtract line 11 from line 1) | 12 | 12796 .00 |
| 13 | Multiply line 12 by 90% (.90) | 13 | 11516 .00 |
| 14 | Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) | 14 | 9395 .00 |
| 15 | Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions) | 15 | 3401 .00 |
| 16 | Enter your 2015 tax (caution: see instructions) | 16 | 14824 .00 |
| 17 | Enter the smaller of line 13 or line 16 | 17 | 11516 .00 |

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

| | | | |
|----|--|----|-----|
| 18 | Enter the amount from line 14 above | 18 | .00 |
| 19 | Enter the total amount of estimated tax payments you made (see instructions) | 19 | .00 |
| 20 | Add lines 18 and 19 | 20 | .00 |
| 21 | Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) | 21 | .00 |
| 22 | Multiply line 21 by .04976 and enter the result | 22 | .00 |
| 23 | If the amount on line 21 was paid on or after April 15, 2017, enter 0 . If the amount on line 21 was paid before April 15, 2017, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2017 × .00020 = | 23 | .00 |
| 24 | Penalty. Subtract line 23 from line 22 | 24 | .00 |

Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

| Payment due dates | | A | B | C | D | |
|---|---|---------|-----------|-----------|-----------|-----------|
| | | 4/15/16 | 6/15/16 | 9/15/16 | 1/15/17 | |
| 25 | Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions.).. | 25 | 0 .00 | 0 .00 | 0 .00 | 11516 .00 |
| 26 | Estimated tax paid and tax withheld (see instructions) | 26 | 2348 .00 | 2349 .00 | 2349 .00 | 6349 .00 |
| Complete lines 27 through 29, one column at a time, starting in column A. | | | | | | |
| 27 | Overpayment or underpayment from prior period | 27 | | 2348 .00 | 4697 .00 | 7046 .00 |
| 28 | If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.) | 28 | 2348 .00 | 4697 .00 | 7046 .00 | 13395 .00 |
| 29 | Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) | 29 | -2348 .00 | -4697 .00 | -7046 .00 | -1879 .00 |

059001161555



Part 3 – Regular method – Schedule B – Computing the penalty

| Payment due dates | A | 4/15/16 | B | 6/15/16 | C | 9/15/16 | D | 1/15/17 |
|---|-----------|---------------|-----------|-----------|-----------|---------|---|---------|
| 30 Amount of underpayment (from line 29) | 30 | -2348 .00 | -4697 .00 | -7046 .00 | -1879 .00 | | | |
| First installment (April 15 - June 15, 2016) | | | | | | | | |
| 31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 - or - April 15 - _____ = ([] ÷ 366) × 7.5% = [] | 31 | | | | | | | |
| 32 Multiply line 30, column A by line 31 | 32 | .00 | | | | | | |
| Second installment (June 15 - September 15, 2016) | | | | | | | | |
| 33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 - or - June 15 - _____ = ([] ÷ 366) × 7.5% = [] | 33 | | | | | | | |
| 34 Multiply line 30, column B by line 33 | 34 | .00 | | | | | | |
| Third installment (September 15, 2016 - January 15, 2017) | | | | | | | | |
| 35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 Total .02499 - or - September 15 - _____ = ([] ÷ 366) × 7.5% = [] January 1 - _____ = ([] ÷ 365) × 7.5% = [] Total [] | 35 | | | | | | | |
| 36 Multiply line 30, column C by line 35 | 36 | .00 | | | | | | |
| Fourth installment (January 15 - April 15, 2017) | | | | | | | | |
| 37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 - or - January 15 - _____ = ([] ÷ 365) × 7.5% = [] | 37 | | | | | | | |
| 38 Multiply line 30, column D by line 37 | 38 | .00 | | | | | | |
| 39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 | 39 | SEE STATEMENT | | | | | | |
| | | | | | | | | .00 |



Worksheet 1 – Annualized income installment – New York State (Complete one column through line 26 before completing the next column.)**Estates and trusts – Use the following ending dates in each column:**
2/29/16, 4/30/16, 7/31/16 and 11/30/16

| | a 1/1/16 - 3/31/16 | b 1/1/16 - 5/31/16 | c 1/1/16 - 8/31/16 | d 1/1/16 - 12/31/16 |
|---|------------------------------|------------------------------|------------------------------|-------------------------------|
| 1 New York adjusted gross income for period shown (<i>see instructions</i>) | 1 | | | 219344. |
| 2 Annualization amounts (<i>estates and trusts – see instructions</i>) | 2 4 | 2.4 | 1.5 | 1 |
| 3 Annualized New York adjusted gross income (<i>multiply line 1 by line 2</i>) | 3 | | | 219344. |
| 4 Itemized deductions for period shown (<i>if you do not itemize deductions, skip lines 4, 5, and 6</i>). Estates and trusts – enter 0 , skip to line 8 and enter the amount from line 3 on line 8 | 4 | | | 17058. |
| 5 Annualization amounts | 5 4 | 2.4 | 1.5 | 1 |
| 6 Multiply line 4 by line 5 | 6 | | | 17058. |
| 7 Standard deduction (<i>see instructions</i>) | 7 | | | |
| 8 Subtract line 6 or line 7 from line 3 | 8 | | | 202286. |
| 9 Multiply \$1,000 by the number of dependent exemptions claimed. Estates and trusts – enter the federal exemption amount (<i>enter full amount in each column</i>) | 9 | | | |
| 10 Annualized taxable income (<i>subtract line 9 from line 8</i>) | 10 | | | 202286. |
| 11 Resident individuals and resident estates and trust - compute the tax on the amount on line 10 (<i>see instructions</i>) | 11 0. | 0. | 0. | 13452. |
| 11a Nonresident and part-year resident individuals, nonresident estates and trusts and part-year resident trusts compute the tax on the amount on line 10 (<i>see instructions</i>) | 11a | | | |
| 11b Nonresident and part-year resident individuals enter the applicable portion of any credits claimed on lines 39, 41, and 43 of Form IT-203. | 11b | | | |
| 11c Subtract line 11b from line 11a. If line 11b is more than line 11a, leave blank | 11c | | | |
| 11d Nonresident and part-year resident individuals - Income percentage for period shown: Form IT-203, <i>New York State amount</i> column, line 31, for the period shown divided by Form IT-203, <i>Federal amount</i> column, line 31, for the period shown. Nonresident estates and trusts and part-year resident trusts - see instructions, <i>Income percentage worksheet A</i> | 11d | | | |
| 11e Multiply line 11c by line 11d | 11e | | | |
| 12 Enter the applicable portion of any credits claimed on Form IT-201, line 43; Form IT-203, line 47; or Form IT-205, line 10 (<i>see instructions</i>) | 12 | | | 597. |
| 13 Subtract line 12 from line 11 or line 11e. If line 12 is more than line 11 or 11e, leave blank | 13 | | | 12855. |
| 14 For each period, enter the total amount of other New York State taxes reported on Form IT-201, line 45; Form IT-203, line 49; or Form IT-205, line 12 | 14 | | | |
| 15 Add lines 13 and 14 | 15 | | | 12855. |
| 16 Refundable credits (<i>see instructions</i>) | 16 | | | |
| 17 Total annualized tax (<i>subtract line 16 from line 15</i>) | 17 | | | 12855. |
| 18 Percentage | 18 22.5% | 45% | 67.5% | 90% |
| 19 Multiply line 17 by line 18 | 19 | | | 11570. |
| 20 Enter the amount from line 25 of Worksheet 2, line 9 of Worksheet 3, and/or the amount from line 8 of Worksheet 4 | 20 | | | |
| 21 Add lines 19 and 20 | 21 | | | 11570. |
| 22 Add the combined amounts of line 26 from all preceding columns | 22 | | 0. | 0. |
| 23 Subtract line 22 from line 21. If less than zero, enter 0 | 23 | | 0. | 11570. |
| 24 For each payment period, divide the amount from Form IT-2105.9, line 17 by four, and add amount from this worksheet, line 25, preceding column | 24 2879. | 5758. | 8637. | 11516. |
| 25 If line 24 is more than line 23, subtract line 23 from line 24. Otherwise enter 0 | 25 2879. | 5758. | 8637. | |
| 26 Required installments. Enter the smaller of line 23 or line 24 here and on Form IT-2105.9, line 25 | 26 0. | 0. | 0. | 11516. |



Department of Taxation and Finance

REV 01/25/17 TTW

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

117522618

Box b Employer identification number (EIN)

136400434

Box c Employer's information**Employer's name**

THE CITY OF NEW YORK

Employer's address (number and street)

450 W 33RD ST 4TH FLOOR

City

State

ZIP code

Country (if not United States)

NEW YORK

NY

10001

Box 1 Wages, tips, other compensation

74139.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

24000.00

Code

G

Box 12b Amount

23000.00

Code

A A

Box 12c Amount

18656.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

107.00

Description

FRINGE

Box 14b Amount

1560.00

Description

IRC132

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

74139.00

Box 17a NYS income tax withheld

3929.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.Locality a .00
Locality b .00**Box 19** Local income tax withheldLocality a .00
Locality b .00**Box 20** Locality nameLocality a
Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

071629248

Box b Employer identification number (EIN)

146013200

Box c Employer's information**Employer's name**

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City

State

ZIP code

Country (if not United States)

ALBANY

NY

12236

Box 1 Wages, tips, other compensation

100550.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

19306.00

Code

D D

Box 12b Amount

14707.00

Code

E E

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

100550.00

Box 17a NYS income tax withheld

5466.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.Locality a .00
Locality b .00**Box 19** Local income tax withheldLocality a .00
Locality b .00**Box 20** Locality nameLocality a
Locality b

102001161555



NO HANDWRITTEN ENTRIES ON THIS FORM



NYC-200V

PAYMENT VOUCHER

59 Maiden Lane, 19th Floor
New York, NY 10038-4502
nyc.gov/finance

MATTIACE, WILLIAM J & MATTIACE, INDRA
186 LOCUST STREET, APT. PVT
FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
PERIOD BEGIN: 01-01-2016
PERIOD END: 12-31-2016

General Information

File form NYC-200V if you are filing a paper return and there is a balance due. Submit your check with this form. Do not send the check with the return. If you filed your New York City return or extension electronically but did not pay the amount due electronically with the return, you may file a paper NYC-200V with a check, or you may file a Form NYC-200V online and pay online at nyc.gov/eservices.

Your form NYC-200V and payment must be postmarked by the return due date to avoid late payment penalties and interest.

EIN/SSN

Individuals and Single-Member LLCs should file using a Social Security Number. Estates and Trusts and Partnerships should file using an Employer Identification Number.

Payment

The amount you pay should be the amount shown on your e-filed or paper New York City return or extension. Make your check or money order payable in US funds to New York City Department of Finance.

Where to Mail

Mail your payment to:

New York City Department of Finance
P.O. Box 3933
New York, NY 10008-3933

Paying electronically is fast, secure and easy. Go to nyc.gov/eservices for more information.

PLEASE DETACH ALONG THE DOTTED LINE

2016



NYC-200V

PAYMENT VOUCHER

MATTIACE, WILLIAM J & MATTIACE, INDRA
186 LOCUST STREET, APT. PVT
FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
PERIOD BEGIN: 01-01-2016
PERIOD END: 12-31-2016

TAX TYPE

300

FORM NAME

NYC-1127

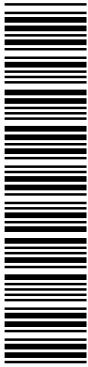
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

Payment Amount Enclosed

4,568.00

Make Remittance Payable to: NYC Department of Finance

300 002 00000000117522618 12312016 000000000000 06 0000456800 4



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions): ☐ ☐

| | | | | | | | |
|--|--|-------------------------------|--|---|--|---|--|
| First names and initials of employee and spouse: WILLIAM J INDRA | | Last name: MATTIACE | | Name Change <input type="checkbox"/> | | <input type="checkbox"/> AMENDED RETURN | |
| Home address (number and street): 186 LOCUST STREET | | Apt. no.: PVT | | Address Change <input type="checkbox"/> | | TAXPAYER'S EMAIL ADDRESS GMATTIAW@GMAIL.COM | |
| City and State: FLORAL PARK NY | | Zip Code: 11001 | | Country (if not US) | | EMPLOYEE'S SOCIAL SECURITY NUMBER 1 1 7 - 5 2 - 2 6 1 8 | |
| NYC Department or Agency where employed: FDNY | | Employee ▼ | | Spouse ▼ | | SPOUSE'S SOCIAL SECURITY NUMBER 0 7 1 - 6 2 - 9 2 4 8 | |
| Daytime telephone number: | | 5 1 6 | | 4 8 8 | | 7 1 5 3 | |

1 - FILING STATUS

A. ☒ MARRIED FILING JOINTLY OR SURVIVING SPOUSE **Note:** If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

B. ☐ HEAD OF HOUSEHOLD C. ☐ SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2016 EMPLOYEE: 12 SPOUSE: _____

B. DATE RETIRED FROM NYC SERVICE EMPLOYEE: _____ - _____ - _____ SPOUSE: _____ - _____ - _____

C. ☐ CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

| | | | |
|-------------------|--|----|--------------------------------|
| A. Payment | Amount being paid electronically with this return..... | A. | Payment Amount 4,568 |
|-------------------|--|----|--------------------------------|

2 - 1127 LIABILITY CALCULATION

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

| Line | Where do I get the amount? | Amount |
|---|--|----------|
| 1 NYS Taxable Income. See instructions. | ♦ NYS IT-201, line 37 ♦ NYS IT-203, line 36 Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C. | 201,398. |
| 2 Section 1127 liability plus Other New York City Taxes, if any. See instructions. | ♦ Page 2 liability rate schedules ♦ NYS IT-201, line 51 | 7,135. |
| 3 New York City School tax and other credits | ♦ See Page 2, Schedule B and Instructions | 125. |
| 4 New York City 1127 amount withheld | ♦ Form 1127.2 | 2,442. |
| 5 Balance Due | ♦ If line 2 is greater than the sum of lines 3 and 4, enter balance due | 4,568. |
| 6 Refund | ♦ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.) | |

3 - CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions)..... YES ☐

SIGN HERE: _____ DATE _____

YOUR SIGNATURE _____

PREPARER'S USE ONLY

SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____ EIN OR SSN OR PTIN _____ DATE _____ PREPARER'S EMAIL ADDRESS _____

SELF-PREPARED

PREPARER'S PRINTED NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES
Payment must be made in U.S. dollars, drawn on a U.S. bank.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5564
BINGHAMTON, NY 13902-5564
REV 01/25/17 TTW

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT
NYC.GOV/ESERVICES OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

SCHEDULE A

Schedule for Married Filing Jointly for State Purposes and Separately for 1127 Purposes (Spouse is not a NYC mayoral agency employee)

| Line | | Amount |
|------|--|--|
| 1 | NYS Adjusted Gross Income | ♦ NYS IT-201, line 33; NYS IT-203, line 32. |
| 2 | Non NYC Employee Income | ♦ Enter all income, additions and subtractions attributable to the non NYC employee |
| 3 | Net NYS Gross Income | ♦ Line 1 less Line 2 |
| 4 | Compute limitation percentage | <div> <div>Line 3: \$ = %</div> <div>Line 1: \$</div> <div>Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.</div> </div> |
| 5 | Check only one box: | <input type="checkbox"/> Standard Deduction: \$7,950. OR <input type="checkbox"/> Itemized deduction: \$ X % = (See instructions) amount from IT 201, line 34 % from line 4 amount from IT 203, line 33 |
| 6 | New York Dependent Exemption from NYS return. No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4). | ♦ NYS IT-201, line 36; NYS IT-203, line 35. |
| 7 | Total Deductions and Exemptions | ♦ Line 5 + line 6 |
| 8 | Allocated New York State Taxable Income | ♦ Line 3 less line 7. Enter on Page 1, line 1. |

SCHEDULE B

Nonrefundable credits

| Line | Where do I get the amount? | Amount |
|--|---|--------|
| a. New York City School Tax Credit | ♦ See Instructions | 125 . |
| b. UBT Paid Credit | ♦ See Instructions | |
| c. NYC household credit | ♦ from IT-201 Instructions NYC table 4, 5 or 6 | |
| d. NYC Claim of Right Credit | ♦ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257) | |
| e. New York City Earned Income Credit | ♦ (attach IT-215) | |
| f. Other NYC taxes | ♦ See Instructions | |
| g. NYC Child and Dependent Care Credit | ♦ See Instructions (attach IT-216) | |
| h. Total of lines a - g | ♦ enter on page 1, line 3 | 125 . |

REV 01/25/17 TTW



NEW YORK CITY 1127 LIABILITY RATES

Table A - Married filing jointly or surviving spouse

| If Form NYC-1127, line 1 is: | | THE LIABILITY IS: | | | |
|------------------------------|--------------|-------------------|--------|----------------------|------------|
| OVER | BUT NOT OVER | | | | |
| \$ 0 | \$ 21,600 | | 2.907% | of Form 1127, line 1 | |
| \$ 21,600 | \$ 45,000 | \$ 628 plus | 3.534% | of the excess over | \$ 21,600 |
| \$ 45,000 | \$ 90,000 | \$ 1,455 plus | 3.591% | of the excess over | \$ 45,000 |
| \$ 90,000 | \$ 500,000 | \$ 3,071 plus | 3.648% | of the excess over | \$ 90,000 |
| \$ 500,000 | | \$ 19,155 plus | 3.876% | of the excess over | \$ 500,000 |

Table B - Head of household

| If Form NYC-1127, line 1 is: | | THE LIABILITY IS: | | | |
|------------------------------|--------------|-------------------|--------|----------------------|------------|
| OVER | BUT NOT OVER | | | | |
| \$ 0 | \$ 14,400 | | 2.907% | of Form 1127, line 1 | |
| \$ 14,400 | \$ 30,000 | \$ 419 plus | 3.534% | of the excess over | \$ 14,400 |
| \$ 30,000 | \$ 60,000 | \$ 970 plus | 3.591% | of the excess over | \$ 30,000 |
| \$ 60,000 | \$ 500,000 | \$ 2,047 plus | 3.648% | of the excess over | \$ 60,000 |
| \$ 500,000 | | \$ 19,230 plus | 3.876% | of the excess over | \$ 500,000 |

Table C - Single or married filing separately

| If Form NYC-1127, line 1 is: | | THE LIABILITY IS: | | | |
|------------------------------|--------------|-------------------|--------|----------------------|------------|
| OVER | BUT NOT OVER | | | | |
| \$ 0 | \$ 12,000 | | 2.907% | of Form 1127, line 1 | |
| \$ 12,000 | \$ 25,000 | \$ 349 plus | 3.534% | of the excess over | \$ 12,000 |
| \$ 25,000 | \$ 50,000 | \$ 808 plus | 3.591% | of the excess over | \$ 25,000 |
| \$ 50,000 | \$ 500,000 | \$ 1,706 plus | 3.648% | of the excess over | \$ 50,000 |
| \$ 500,000 | | \$ 19,255 plus | 3.876% | of the excess over | \$ 500,000 |

80021657

Record of Estimated Tax Payments**2017**

(Record credits and payments in this table. Keep this record; you **will not**
be receiving notices indicating the amount due each quarter.)

| Name as Shown on Return WILLIAM J AND INDRA MATTIACE | | | | Social Security No. 117-52-2618 |
|---|--------------------------|--------------------|---|--|
| A Payment Type | B Payment Date | C Amount | D 2016 Overpayment Credit Applied | E Total Amount Paid and Credited (add C and D) |
| Voucher | | 1,171. | | 1,171. |
| Voucher | | 1,170. | | 1,170. |
| Voucher | | 1,170. | | 1,170. |
| Voucher | | 1,170. | | 1,170. |
| Total | | 4,681. | | 4,681. |

Other Tax Credits and Taxes Worksheet

2016

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Part I — New York Credits

Section A — New York State Nonrefundable/Non-Carryover Credits

Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3

| | | | |
|---|---|---|--|
| 1 | Form IT-112-R — Resident Credit | 1 | |
| 2 | Form IT-112-C — Resident Credit for Taxes Paid to a Province of Canada | 2 | |
| 3 | Form IT-250 — Defibrillator Credit | 3 | |
| 4 | Form IT-604 — Qualified Economic Zone Employment Tax Reduction Credit | 4 | |
| 5 | New York State Accumulation Distribution Credit (<i>attach computation</i>) | 5 | |

Section B — New York State Nonrefundable/Carryover Credits

Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8

| | | | |
|---|---|---|------|
| 1 | Form IT-212 — Investment Credit | 1 | |
| 2 | Form IT-236 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011) | 2 | |
| 3 | Form IT-237 — Historic homeownership rehabilitation credit | 3 | |
| 4 | Form IT-239 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011) | 4 | |
| 5 | Form IT-246 — Empire State commercial production credit | 5 | |
| 6 | Form IT-249 — Long-Term Care Insurance Credit | 6 | 597. |
| 7 | Form IT-251 — Employment of Persons with Disabilities Credit | 7 | |

Carryover information
for Form IT-252 ►

| Year Carryover Credit Earned | Carryover Amount |
|------------------------------|------------------|
| | |
| | |
| | |

| | | | |
|----|--|----|--|
| 8 | Form IT-252 — Financial Services Industry Investment Tax Credit carryover | 8 | |
| 9 | Form IT-253 — Alternative Fuels Credit carryover | 9 | |
| 10 | Form IT-255 — Solar Energy System Equipment Credit | 10 | |
| 11 | Form IT-256 — Claim for Special Additional Mortgage Recording Tax Credit | 11 | |
| 12 | Form IT-261 — Empire State film post-production credit carryover | 12 | |
| 13 | Form IT-501 — Temporary nonrefundable credit deferral payout | 13 | |
| 14 | Form IT-601 — Empire Zone (EZ) Wage Tax Credit | 14 | |
| 15 | Form IT-602 — Empire Zone (EZ) Capital Tax Credit | 15 | |
| 16 | Form IT-603 — Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr | 16 | |
| 17 | Form IT-605 — Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit | 17 | |
| 18 | Form IT-637 — Alternative Fuels and Electric Vehicle Recharging Property Cr | 18 | |
| 19 | Form IT-643 — Hire a Veteran Credit | 19 | |
| 20 | Form IT-644 — Workers with Disabilities Tax Credit | 20 | |
| 21 | Form DTF-622 — Qualified Emerging Technology Co. (QETC) Capital Tax Credit | 21 | |
| 22 | Form DTF-624 — Low-Income Housing Credit | 22 | |
| 23 | Form DTF-630 — Green Building Credit | 23 | |
| 24 | Residential Fuel Oil Storage Tank Credit carryover (<i>attach computation</i>) | 24 | |
| 25 | Solar and Wind Energy Credit carryover (<i>attach computation</i>) | 25 | |

* New for 2016

Part I – Personal Information

Taxpayer:

First Name WILLIAM
 Middle Initial J Suffix
 Last Name MATTIACE
 Social Security No. 117-52-2618
 Occupation Computer programmer
 Date of Birth 04-04-1957
 Age as of 1-1-2017 59
 Date of Death
 NY DL Doc ID RQ7EUAIY11
 Email Address gmattiaw@gmail.com
 Daytime Phone (516) 488-7153
 Extension
 Home Phone

Spouse:

First Name INDRA
 Middle Initial Suffix
 Last Name MATTIACE
 Social Security No. 071-62-9248
 Occupation Dietitian
 Date of Birth 10-31-1955
 Age as of 1-1-2017 61
 Date of Death
 NY DL Doc ID 64FH4WPN06
 Email Address indramattiace@gmail.com
 Daytime Phone (718) 264-4026
 Extension

Check to print phone number on main form . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Mailing Address

Street Address 186 LOCUST STREET Apartment No. PVT
 City Floral Park State NY ZIP Code 11001
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
 City State ZIP Code
 (Below should be used by New York nonresidents only)
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

New York County and School District Information

County Nassau
 School District Floral Park-Bellerose School District Code 195

Part II – Main Form

- ☒ Full-year resident: Form IT-201, Resident Income Tax Return ►
☐ Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
☐ Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

☐☐

If **only one spouse** has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

| | Taxpayer | | Spouse | |
|--|-------------------------------------|--|-------------------------------------|--|
| | New York City | Yonkers | New York City | Yonkers |
| Residency Status: | | | | |
| Full-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Part-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nonresident | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Part-year residents dates of residency: | | | | |
| From: | | | | |
| To: | | | | |
| If a City of Yonkers nonresident: | | | | |
| Did you receive income or withholding from Yonkers sources during your period of nonresidence? | | Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> | | Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> |

New York City Residents:

Yes No

☐☒

Did you or your spouse maintain living quarters in New York City during 2016?

☐☒

If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

- ☐ Single
☒ Married, filing joint
☐ Married, filing separate
☐ You **did not** live with your spouse at any time during the year
 If both you and your spouse itemized deductions on your federal tax return:
☐ Both you and your spouse will itemize deductions on your New York State tax returns
☐ Both you and your spouse will take the New York standard deduction
☐ Head of household
☐ Qualifying widow(er)

Part IV – Credits**New York City Accumulation Distribution Credit:**

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No

- ☐ ☒ Did you receive a check(s) from the NY Tax Department for the property tax freeze or property tax relief credits? (do **not** include any STAR credit received here)
 If Yes, enter the amount ► _____

Check received for STAR credit ► _____

New York State Public Trust Act (new question at top of forms **IT-201-ATT** and **IT-203-ATT**):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes ☐ No ☒
Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

| | Taxpayer | Spouse |
|--|--|--|
| 1 a File NYC-202S | <input type="checkbox"/> | <input type="checkbox"/> |
| b File NYC-202. | <input type="checkbox"/> | <input type="checkbox"/> |
| c Do not file NYC-202/NYC-202S | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gain (loss) from sale of business assets. | _____ | _____ |
| 3 Net rent/royalty income from business property. | _____ | _____ |
| 4 Other business income (loss) | _____ | _____ |
| 5 Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ | _____ | _____ |
| 6 Number of months in business in New York City during the year | _____ | _____ |
| 7 a Use direct deposit for NYC-202/NYC-202S tax refund | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b Will the funds for this refund go to an account outside the U.S.? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c Routing number | _____ | _____ |
| d Account number | _____ | _____ |
| e 1 Account Type: Checking | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Account Type: Savings | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

| | Taxpayer | Spouse |
|--|--------------------------|--------------------------|
| Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203. | | |
| 1 Complete MCTM Tax Worksheet | <input type="checkbox"/> | <input type="checkbox"/> |

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions**Sales or Use Tax**

- 1 a** If you do not owe any sales or use tax with the return, check this box ☒ **X**
- b** To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box ☐
- c** If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below ☐
- 2** If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State _____
- 3** Sales tax due based on the sales and use tax chart _____
- 4** Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax _____
- 5** Total sales or use tax due (line 2 plus line 3) _____ **0.**

Voluntary Gifts or Contributions

| | |
|---|---|
| Return a Gift to Wildlife | Volunteer Firefighting & EMS |
| Missing/Exploited Children Fund | Teen Health Education Fund |
| Breast Cancer Research Fund | Veterans Remembrance Fund |
| Alzheimer's Fund | Homeless Veterans Fund |
| Olympic Fund (\$2 or \$4) | Mental Illness Anti-Stigma Fund |
| Prostate/Testicular Cancer Fund | Women's Cancers Educ Prev Fd |
| 9/11 Memorial | Autism Fund |

Part VIII – Additional Information for E-Filed returns

- _____ W-2 Verification Indicator given by NYS (*See Help*).
- ☐ Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Part IX - Direct Deposit or Direct Debit Information

- Yes No**
- ☒ ☐ Use **direct deposit** for **New York tax refund**?
- ☐ ☒ Use electronic funds withdrawal of New York tax payment for the **tax return**?
- ☐ ☐ Use electronic funds withdrawal of New York tax payment for the **amended return**? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) Citibank

Account Type Checking ☐ Savings ☒

Personal or business account Personal ☒ Business ☐

Routing number 021000089

Account number 55010943

Enter the following information only if you elect direct debit of your state tax payment:

Enter the payment date to withdraw from the account above

State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above

State balance-due amount paid with this amended return

International ACH Transactions

- Yes No**
- ☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Electronic Filing of Estimated Payments

- ☐ File **Form(s) IT-2105** electronically (Check the boxes below next to the quarters you would like to file)

| Qtr | Payment Amount | Payment Due Date | Date to Withdraw | Date Signed | Date Transmitted | Date Accepted | Completed |
|-----|----------------|------------------|------------------|-------------|------------------|---------------|-----------|
| 1 | 1,171. | 04/18/17 | 04/18/2017 | | | | |
| 2 | 1,170. | 06/15/17 | 06/15/2017 | | | | |
| 3 | 1,170. | 09/15/17 | 09/15/2017 | | | | |
| 4 | 1,170. | 01/16/18 | 01/16/2018 | | | | |

Bank Information for Estimated Payments

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional)

Account Type Checking ☐ Savings ☐

Personal or business account Personal ☐ Business ☐

Routing number

Account number

International ACH Transactions for Estimated Payments

- Yes No**
- ☐ ☐ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X – Extension Status**New York State Income Tax Return (IT-201 or IT-203)**

Yes No

☐ ☒ Tax return due date extended?

Extended due date _____

Amount paid with IT-370 _____

New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)

Yes No

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . _____

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . _____

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

| | Taxpayer | Spouse |
|--|-------------------------------------|--------------------------|
| 1 Check the box to indicate the individual(s) who were employed by the city of New York | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 New York City department or agency where employed. | FDNY | |
| 3 Date current employment with the city of New York began. | 02/15/99 | |
| 4 If employment ended in 2016, enter final date of employment | | |
| 5 For married filing joint taxpayers, file NYC-1127: <input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee <input checked="" type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due | | |

Part XII – Other Information for Your Tax Return**2-digit special condition code number:**

- ☐ **Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
 * Enter total BAB interest included on Form 1040A or Form 1040, line 8a . . . _____
 * Enter BAB interest entered above from NY state or local governments . . . _____
- ☐ **Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- ☐ **Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- ☐ **Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- ☐ **Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- ☐ **Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- ☐ **Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- ☐ **Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
- Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*

Part XII – Other Information for Your Tax Return (continued)

- ☐ **Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- ☐ **Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- ☐ **Code N3 NOL Carryback** - You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If you (or your spouse if married) qualify under a special condition for filing your 2016 tax return not listed above, enter your 2-digit special condition code number

____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No

☐ ☐ May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name _____

Designee's email address _____

Designee's phone number _____

Personal identification number _____

New York State Underpayment Penalty:

- ☐ Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- ☐ The taxpayer qualified for a 90 day extension of time to pay their first **2016** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No

☐ ☐ Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

☐ ☐ Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1** Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2** Long-term care insurance deduction age limitation

| Taxpayer | Spouse |
|----------|--------|
| | |
| | |

Part XIII— Amended Return

- ☐ You are filing a current year New York amended income tax return
- Payment made with original return _____
- Refund received from original return _____

Tax Payments Worksheet

2016

► Keep for your records.

| | |
|--------------------------------------|---------------------------------------|
| Name WILLIAM J AND INDRA MATTIACE | Social Security Number 117-52-2618 |
|--------------------------------------|---------------------------------------|

Tax Payments for the Current Year

| | Date | Payments | | |
|--|----------|----------|---------------|---------|
| | | State | New York City | Yonkers |
| 1 First Payment | | | | |
| 2 Second Payment | | | | |
| 3 Third Payment | | | | |
| 4 Fourth Payment | 01/17/17 | 4,000. | | |
| Additional Payments | | | | |
| 5 Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| 5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer | | | 5 a | |
| 5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse | | | 5 b | |
| 6 Overpayment from previous year applied to current year | | | 6 | |
| 6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer | | | 6 a | |
| 6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse | | | 6 b | |
| 7 Amount paid with current year extension | | | 7 | |
| 8 Total tax payments | | | 8 | 4,000. |

New York State Income Tax Withheld for the Current Year

| | | |
|---|------|--------|
| 9 State withholding on Forms W-2 | 9 | 9,395. |
| 10 State withholding on Forms W-2G | 10 | |
| 11 State withholding on Forms 1099-R | 11 | |
| 12 a State withholding on Forms 1099-MISC | 12 a | |
| 12 b State withholding on Forms 1099-G | 12 b | |
| 12 c State withholding on Forms 1099-K | 12 c | |
| 13 Other state tax withholding | 13 | |
| 14 Total state income tax withheld | 14 | 9,395. |

City Income Tax Withheld for the Current Year

| | | |
|---|----|--------|
| 15 Total City of New York withholding | 15 | |
| 16 Total Yonkers withholding | 16 | |
| 17 Section 1127 withholding | 17 | 2,442. |

Section 414(h) and 125 Withholding

| | | |
|---|----|--|
| 18 Public employee 414(h) retirement contributions - subject to New York Tax . . . | 18 | |
| 19 Public employee 414(h) retirement contributions - not subject to New York Tax | 19 | |
| 20 Total City of New York withholding (IRC 125) - subject to New York Tax | 20 | |
| 21 Total City of New York withholding (IRC 125) - not subject to New York Tax . . | 21 | |
| 22 Date return will be filed and balance paid | 22 | |

New York State School District/County Selection Worksheet

2016

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

New York Counties

| | | | |
|---------------------|-----------------------|--------------------|-------|
| Albany | _____ | Niagara | _____ |
| Allegany | _____ | Oneida | _____ |
| Broome | _____ | Onondaga . . . | _____ |
| Cattaraugus . . . | _____ | Ontario | _____ |
| Cayuga | _____ | Orange | _____ |
| Chautauqua . . . | _____ | Orleans | _____ |
| Chemung | _____ | Oswego | _____ |
| Chenango | _____ | Otsego | _____ |
| Clinton | _____ | Putnam | _____ |
| Columbia | _____ | Rensselaer . . . | _____ |
| Cortland | _____ | Rockland | _____ |
| Delaware | _____ | St. Lawrence . . | _____ |
| Dutchess | _____ | Saratoga | _____ |
| Erie | _____ | Schenectady . . | _____ |
| Essex | _____ | Schoharie | _____ |
| Franklin | _____ | Schuyler | _____ |
| Fulton | _____ | Seneca | _____ |
| Genesee | _____ | Steuben | _____ |
| Greene | _____ | Suffolk | _____ |
| Hamilton | _____ | Sullivan | _____ |
| Herkimer | _____ | Tioga | _____ |
| Jefferson | _____ | Tompkins | _____ |
| Lewis | _____ | Ulster | _____ |
| Livingston | _____ | Warren | _____ |
| Madison | _____ | Washington . . . | _____ |
| Monroe | _____ | Wayne | _____ |
| Montgomery . . . | _____ | Westchester . . . | _____ |
| Nassau | Floral Park-Bellerose | Wyoming | _____ |
| New York City . . | _____ | Yates | _____ |

Pensions/Annuities/IRAs Worksheet

2016

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Part I – Calculation of Taxable Income Amounts

Payer's Name SPECTRA-CLASS A THE ALGER FUNDS

EIN 81-4478321

TP/SP T

Special Type Indicators:

Qualifies for government exclusion ☐ Tier II Railroad Retirement Benefits. ☐

Optional Retirement Program Distribution or former government pension converted to an IRA ☐

Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion ☐

None of the above apply ☒ X

Check if IRA/SEP/SIMPLE or treated as such ☒ X Date of first receipt in 2016

Gross pension/IRAs 3,214.

Federal taxable pension/IRAs (regular) 3,214.

New York State taxable pension/IRAs, if different then federal 3,214.

If optional retirement program distribution or former government pension converted to an IRA, enter the amount (if any) that qualifies for the governmental exclusion

Pensions received as a beneficiary of a decedent:

Decedent's date of birth

Decedent's total pension/annuity/IRA (if known)

Pension and annuity exclusion for this distribution claimed on the decedent's return

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for example, 49.72% = 49.72)

Note: If the distribution was from an optional retirement program and was received as a beneficiary of a decedent, see the tax help for the 'Decedent's Total Pension/Annuity/IRA' for more information.

IRAs/Pensions Received as a Beneficiary Question (IT-201/IT-203, line 9 and line 10)

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Were any IRA distribution(s) received as a beneficiary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Were any pension distribution(s) received as a beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Individual retirement accounts (IRAs) (Part-Year Residents)

- | | | | |
|---|---|--|--|
| 1 | Allocated IRA distributions | | |
| 2 | Total taxable IRA distributions. Enter this amount on line 9, column B of the Part-Year Resident/Nonresident Allocation Worksheet | | |

Taxpayer

Spouse

Pensions and annuities (Nonresidents and Part-Year Residents)

- | | | | |
|---|--|--|--|
| 3 | Allocated pension/annuity distributions | | |
| 4 | Total taxable pension/annuity distributions. Enter this amount on line 10, column B of the Part-Year Resident/Nonresident Allocation Worksheet | | |

Taxpayer

Spouse

| Part II – Calculation of Exclusion Amounts | Taxpayer | Spouse |
|---|--------------------------|--------------------------|
| 1 a Date of birth | 04/04/57 | 10/31/55 |
| b Age as of 1/1/2016. | 58 | 60 |
| c If all pensions and IRAs qualify for the pension and annuity income exclusion regardless of the recipients age (assuming the pensions and IRAs meet all other requirements for the pension and annuity income exclusion), check this box | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Total governmental pension. If filing Form IT-203, this is also the governmental exclusion from all sources; enter this amount on Form IT-203, line 25, Federal column | | |
| b Governmental pension exclusion. Enter this amount on Form IT-201, line 26 or Form IT-203, line 25, New York State Column . . . | | |
| 3 Total other pension and annuity income | 3,214. | |
| 4 a If filing Form IT-203, other pension and annuity income exclusion from all sources. Enter this amount on Form IT-203, line 28, Federal column | | |
| b Other pension and annuity income exclusion from New York sources. Enter this amount on Form IT-201, line 29 or Form IT-203, line 28, New York State column | 536. | 0. |
| 5 Disability income exclusion | | |

Note: Information on line 1 will be used to determine eligibility based on age. The sum of the pension and annuity income exclusion (line 4) and the disability income exclusion (line 5) cannot exceed \$20,000 for taxpayer or spouse.

Form IT-201-D
Line 13

Itemized Deduction Adjustment

2016

► Keep for your records

| | |
|---|------------------------------------|
| Name as Shown on Return WILLIAM J AND INDRA MATTIACE | Social Security No. 117-52-2618 |
|---|------------------------------------|

If Form IT-201, line 33 is:

- \$100,000 or less, leave line 13 blank and go to line 14.
- more than \$100,000 but not more than \$475,000, fill in **Worksheet 3**.
- more than \$475,000 but not more than \$525,000, fill in **Worksheet 4**.
- more than \$525,000 but not more than \$1,000,000, enter 50% (.50) of line 12 on line 13.
- more than \$1,000,000, but not more than \$10,000,000, fill in **Worksheet 5**.
- more than \$10,000,000, fill in **Worksheet 6**.

Worksheet 3

| | | | |
|---|--|---|----------|
| 1 | New York adjusted gross income from Form IT-201, line 33 | 1 | 219,344. |
| 2 | Amount from the table below: | | |
| | If filing status is 1 or 3 \$100,000 | | |
| | If filing status is 4 \$150,000 | | |
| | If filing status is 2 or 5 \$200,000 . . . | 2 | 200,000. |
| 3 | Subtract line 2 from line 1. (If line 2 is more than line 1, leave line 13 of Form IT-201-D itemized deduction schedule blank. Do not continue with this worksheet.) | 3 | 19,344. |
| 4 | Enter the lesser of line 3 or \$50,000 | 4 | 19,344. |
| 5 | Divide line 4 by \$50,000 and round the result to the fourth decimal place | 5 | 0.3869 |
| 6 | Enter 25% of Form IT-201-D, itemized deduction schedule, line 12 | 6 | 4,967. |
| 7 | Multiply line 5 by line 6 | 7 | 1,922. |

Transfer the amount on line 7 to Form IT-201-D itemized deduction schedule, line 13

Worksheet 4

| | | | |
|---|---|---|--|
| 1 | Enter the excess of New York adjusted gross income from Form IT-201, line 33 over \$475,000 (cannot exceed \$50,000). | 1 | |
| 2 | Divide line 1 by \$50,000 and round the result to the fourth decimal place | 2 | |
| 3 | Enter 25% of Form IT-201-D, itemized deduction schedule, line 12 | 3 | |
| 4 | Multiply line 2 by line 3 | 4 | |
| 5 | Add lines 3 and 4 | 5 | |

Transfer the amount on line 5 to Form IT-201-D itemized deduction schedule, line 13

Worksheet 5

| | | | |
|---|---|---|--|
| 1 | Enter the amount from Form IT-201-D, itemized deduction schedule, line 12 | 1 | |
| 2 | Enter 50% of Form IT-201-D, itemized deduction schedule, line 4 | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |

Transfer the amount on line 3 to Form IT-201-D itemized deduction schedule, line 13

Worksheet 6

| | | | |
|---|---|---|--|
| 1 | Enter the amount from Form IT-201-D, itemized deduction schedule, line 12 | 1 | |
| 2 | Enter 25% of Form IT-201-D, itemized deduction schedule, line 4 | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |

Transfer the amount on line 3 to Form IT-201-D itemized deduction schedule, line 13

Tax Computation Worksheet

2016

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$106,950, but not more than \$2,140,900, and taxable income is \$160,500 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.45% (.0645). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$106,950 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$160,500, but not more than \$2,140,900 and your taxable income is more than \$160,500 but not more than \$321,050, compute your tax using worksheet 2

Tax Computation Worksheet 2

| | | | |
|----|---|----|----------|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | 219,344. |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | 201,398. |
| 3 | Multiply line 2 by 6.65% (.0665). If line 1 is \$210,500 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | 13,393. |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$677 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$160,500 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | 13,393. |

- If your New York adjusted gross income is more than \$321,050, but not more than \$2,140,900 and your taxable income is more than \$321,050, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$371,050 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$998 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$321,050 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$2,140,900, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$2,190,900 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$160,500 or less, enter \$677 on line 6. If line 2 is more than \$160,500 but not more than \$321,050, enter \$998 on line 6. If line 2 is more than \$321,050, enter \$1,640 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$2,140,900 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$106,950, but not more than \$1,070,350, and taxable income is \$214,000 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.65% (.0665). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$106,950 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$214,000, but not more than \$1,070,350, and taxable income is more than \$214,000, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$264,000 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$497 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$214,000 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$1,070,350, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$1,120,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$214,000 or less, enter \$497 on line 6. If line 2 is more than \$214,000, enter \$925 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$1,070,350 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$106,950, but not more than \$1,605,650, and taxable income is \$267,500 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.65% (.0665). If line 1 is \$156,950 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$106,950 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$267,500, but not more than \$1,605,650, and taxable income is more than \$267,500, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$317,500 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$720 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$267,500 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$1,605,650, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$1,655,650 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$267,500 or less, enter \$720 on line 6. If line 2 is more than \$267,500, enter \$1255 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$1,605,650 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Part I 2017 Estimated Tax Amount Options**Note:** MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105**1 Select One of Five Ways to Calculate the Required Annual Payment for 2017 Estimates:**

| | State | New York City | Yonkers |
|--|---|-----------------------------|---------|
| a 100% (110%) of 2016 taxes | <input checked="" type="checkbox"/> 14,076. | | |
| b 100% of tax on 2017 estimated taxable income | <input type="checkbox"/> 12,796. | <input type="checkbox"/> 0. | |
| c 90% of tax on 2017 estimated taxable income | <input type="checkbox"/> 11,516. | <input type="checkbox"/> 0. | |
| d 66-2/3% of tax on 2017 estimated taxable income (farmers and fishermen) | <input type="checkbox"/> 8,531. | <input type="checkbox"/> 0. | |
| e Fixed total amount (not program calculated) | <input type="checkbox"/> | | |

2 Selected estimated tax amount:

| | |
|---|---------|
| a 2017 Required Annual Payment based on your choice above. | 14,076. |
| b Estimated amount of 2017 state income tax withholding | 9,395. |
| c Total of estimated tax payments required for 2017 (line 2a less line 2b) | 4,681. |

3 Select Estimated Tax Payment option:

| | |
|--|-------------------------------------|
| a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more | <input checked="" type="checkbox"/> |
| b Calculate estimates if _____ (specify amount) or more | <input type="checkbox"/> |
| c Calculate estimates regardless of amount. | <input type="checkbox"/> |
| d Do not calculate estimates | <input type="checkbox"/> |

4 Other Options:

| | |
|--|---|
| a Enter the number of vouchers to be prepared (default 4 payments) | 4 |
|--|---|

Part II Overpayment Application Options

| | |
|--|-------------------------------------|
| 1 Amount of overpayment available | 599. |
| Check to apply overpayment and refund excess | <input type="checkbox"/> |
| or enter amount to apply | |
| A Apply consecutively to all quarters | <input checked="" type="checkbox"/> |
| B Apply to first quarter only | <input type="checkbox"/> |
| C Apply evenly to state estimated amounts only | <input type="checkbox"/> |

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ Round up to next \$1 b ☐ Round up to next \$10 c ☐ Round up to next \$50 ☐ Round up to next \$100

2 Select Voucher Printing Option:

- a ☒ Print (per Part I, lines 3a - c) b ☐ Print only name, etc. c ☐ Do not print vouchers

Part IV Filing Status and Dependent Exemptions for 2017 Calculations**A 1 Choose 2017 filing status:**

- ☐ Single ☒ Married filing jointly ☐ Head of household ☐ Qualifying widow(er)
☐ Married filing separately

B Check if dependent of another in 2017. Yes ☐ No ☐

C Enter the number of dependent exemptions in 2017 _____

Part V Changes to Income, Deductions, Credits and Withholding for 2017

Your 2016 income and deductions are entered in the '2016 Actual' column.

*For each line in the '2017 Estimated' column, enter estimated 2017 amount if **different** from 2016; otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

| | 2016 Actual | *2017 Estimated |
|--|-------------|-----------------|
| A New York adjusted gross income. | 219,344. | |
| B Enter either your standard or estimated itemized deduction | 17,946. | 17,946. |
| C Dependent exemption (number of dependents times \$1,000) | | |
| D New York City Household Credit/Accum Distribution Credit | | |
| E New York City tax on ordinary income portion of lump-sum distribution | | |
| F 1 New York City Unincorporated Business Tax Credit | | |
| 2 New York City General Corporation Tax Credit | | |
| G New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit | | |
| H Nonresidents and Part-Year residents: | | |
| (1) New York adjusted gross income (Form IT-203, line 45, New York State amount) | | |
| (2) New York adjusted gross income (Form IT-203, line 45, federal amount) | | |
| I Nonresident and part-year resident income percentage | | |
| J Additional taxes — New York State | | |
| K Additional taxes — New York City | | |
| L Resident credit and other nonrefundable credits — New York State | 597. | |
| M Refundable credits — New York State | 0. | |
| N Refundable credits — New York City | | |
| O Gross wages subject to the Yonkers nonresident tax (Form Y-203) | | |
| P Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203) | | |
| Q Yonkers nonresident earnings tax (Form Y-203) | | |
| R New York State income tax withheld | 9,395. | |
| S New York City income tax withheld | | |
| T Yonkers income tax withheld | | |

Part VI 2017 Estimated Taxable Income and Tax

| | New York State | City of New York | City of Yonkers |
|--|----------------|------------------|-----------------|
| 1 Estimated New York adjusted gross income expected in 2017 | 219,344. | | |
| 2 Enter either your standard deduction or estimated itemized deduction | 17,946. | | |
| 3 Subtract line 2 from line 1 | 201,398. | | |
| 4 Dependent exemption (<i>number of dependents times \$1,000</i>) | | | |
| 5 Estimated New York State taxable income (line 3 less line 4) | 201,398. | | |
| 6 New York State tax | 13,393. | | |
| 7 New York City resident tax | | | |
| 8 New York City Household Credit and New York City Accumulation Distribution Credit | | | |
| 9 Subtract line 8 from line 7 | | 0. | |
| 10 New York City tax on ordinary income portion of lump-sum distribution | | | |
| 11 Add lines 9 and 10 | | 0. | |
| 12 New York City Unincorporated Business Tax Credit | | | |
| 12 a New York City General Corporation Tax Credit | | | |
| 12 b Add lines 12 and 12a | | | |
| 13 Subtract line 12b from line 11 | | 0. | |
| 14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit | | | |
| a Nonresident and part-year resident income percentage | | | |
| 15 Subtract line 14 from line 6 | 13,393. | | |
| 16 Other taxes | | | |
| 17 Add lines 15 and 16 (<i>in New York City column: add lines 13 and 16</i>) | 13,393. | 0. | |
| 18 Resident credit and other nonrefundable credits | 597. | | |
| 19 Total estimated New York State and New York City tax (New York State <i>column: line 17 less line 18</i> ; City of New York <i>column: enter amount from line 17</i>) | 12,796. | 0. | |
| 20 Refundable credits | 0. | | |
| 21 New York State/City estimated tax (<i>line 19 less line 20</i>) | 12,796. | 0. | |
| 22 City of Yonkers: | | | |
| a Resident tax surcharge (<i>line 21 times 16.75% (.1675)</i>) | | | |
| b Nonresident earnings tax (<i>Form Y-203</i>) | | | |
| c Total (<i>add lines 22a and 22b</i>) | | | |
| 23 Totals (New York State <i>column, line 21</i> ; New York City <i>column, line 21</i> ; City of Yonkers <i>column, line 22c</i>) | 12,796. | 0. | |

| | | | | | |
|-------------|--|--------------------------|---------|----|--|
| 23 a | Check this box if farmer or fisherman | <input type="checkbox"/> | | | |
| 24 | Multiply line 23 by 90% (66-2/3% for farmers and fishermen) | | 11,516. | 0. | |
| 24 a | 100% of line 23 (tax calculated on 2017 estimated taxable income) | | 12,796. | 0. | |
| 25 | Enter 100% of the tax shown on your 2016 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2017, more than \$75,000) . . | | 14,076. | | |
| 26 | 2017 required annual payment based on your choice of options | | 14,076. | | |
| 27 | Estimate of income tax to be withheld | | 9,395. | | |
| 28 | Total estimated tax payments required for 2017 | | 4,681. | | |
| 29 | Application of 2016 overpayment. Total . . | 29 | | | |

| | a Due Date | b Amount to Pay | c 2016 Overpayment Applied | d Total Amount |
|-------------------------|----------------------|------------------------------|--|-----------------------------|
| 30 Payment | | | | |
| New York State | | | | |
| 1st quarter | 04/18/2017 | 1,171. | | 1,171. |
| 2nd quarter | 06/15/2017 | 1,170. | | 1,170. |
| 3rd quarter | 09/15/2017 | 1,170. | | 1,170. |
| 4th quarter | 01/16/2018 | 1,170. | | 1,170. |
| City of New York | | | | |
| 1st quarter | | | | |
| 2nd quarter | | | | |
| 3rd quarter | | | | |
| 4th quarter | | | | |
| City of Yonkers | | | | |
| 1st quarter | | | | |
| 2nd quarter | | | | |
| 3rd quarter | | | | |
| 4th quarter | | | | |
| Totals | | 4,681. | | 4,681. |

Voucher amounts:

| | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|-----------------------------------|-------------|-------------|-------------|-------------|
| New York State | 1,171. | 1,170. | 1,170. | 1,170. |
| City of New York | | | | |
| City of Yonkers | | | | |
| MCTMT - Taxpayer | | | | |
| MCTMT - Spouse | | | | |
| Voucher Totals: | 1,171. | 1,170. | 1,170. | 1,170. |

Two-Year Comparison

2016

| Name as Shown on Return WILLIAM J AND INDRA MATTIACE | | | Social Security No. 117-52-2618 | |
|---|----------|----------|------------------------------------|---------|
| | 2015 | 2016 | Difference | % |
| Federal Adjusted Gross Income | 225,656. | 219,880. | -5,776. | -2.56 |
| New York Additions | | | | |
| State and local interest income | | | | |
| Public employee 414(h) retirement contributions | | | | |
| New York's 529 college savings program distributions | | | | |
| Other New York additions | | | | |
| Total New York Additions | | | | |
| New York Subtractions | | | | |
| State tax refund | | | | |
| Government pension exclusion | | | | |
| Taxable social security benefits | | | | |
| U.S. government interest income | | | | |
| Pension and annuity income exclusion | | 536. | 536. | |
| New York's 529 college savings program deductions/earnings | | | | |
| Other New York subtractions | | | | |
| Total New York Subtractions | | 536. | 536. | |
| New York Adjusted Gross Income | 225,656. | 219,344. | -6,312. | -2.80 |
| Standard or Itemized Deduction | 16,819. | 17,946. | 1,127. | 6.70 |
| Dependent exemptions | | | | |
| New York Taxable Income | 208,837. | 201,398. | -7,439. | -3.56 |
| New York State tax | 13,888. | 13,393. | -495. | -3.56 |
| New York State nonrefundable credits | 412. | 597. | 185. | 44.90 |
| Other New York State taxes | | | | |
| Total New York State taxes | 13,476. | 12,796. | -680. | -5.05 |
| New York City taxes | | | | |
| Yonkers City taxes | | | | |
| Use tax | 0. | 0. | 0. | |
| Voluntary gifts/contributions | | | | |
| Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions | 13,476. | 12,796. | -680. | -5.05 |
| Withholding | 8,336. | 9,395. | 1,059. | 12.70 |
| Estimated tax payments, extension payment, and amount applied from prior year return | 5,000. | 4,000. | -1,000. | -20.00 |
| Refundable credits | | | | |
| Total payments and refundable credits | 13,336. | 13,395. | 59. | 0.44 |
| Underpayment penalty | 119. | | -119. | -100.00 |
| Applied to next year's estimated tax | | | | |
| Refund | | 599. | 599. | |
| Balance Due | 259. | | | |

Smart Worksheets from your 2016 New York Tax Return

SMART WORKSHEET FOR: IT-201-D: Resident Itemized Deduction Schedule

| Federal Itemized Deductions Smart Worksheet | |
|---|--|
| A | Federal Schedule A, line 5, state and local income tax (or general sales tax, if applicable) <u>14,535</u> |
| B | Federal Schedule A, line 8, foreign income taxes <u> </u> |
| C | Total non-deductible taxes <u>14,535</u> |

SMART WORKSHEET FOR: IT-201-D: Resident Itemized Deduction Schedule

| Form IT-201-D Line 9 Smart Worksheet | |
|--------------------------------------|---|
| A | If IT-201, line 19 is less than or equal to \$259,400 if single, \$311,300 if married filing jointly or qualifying widow(er), \$285,350 if head of household or \$155,650 if married filing separately: |
| 1 | Non-deductible taxes <u>14,535</u> |
| 2 | Itemized deduction subtraction adjustments <u> </u> |
| B | If IT-201, line 19 is more than the applicable amount listed above at line A: |
| 1 | Amount from subtraction adjustment limitation worksheet <u> </u> |
| C | Total itemized deduction subtraction adjustment <u>14,535</u> |

SMART WORKSHEET FOR: IT-249: Long-Term Care Insurance Credit

| Long-Term Care Insurance Smart Worksheet | |
|--|--|
| 1 | Gross long-term care premiums entered on Schedule A <u> </u> |
| 2 | Gross long-term care premiums entered on Self-Employed Health Insurance Deduction Worksheets <u> </u> |
| 3 a | Gross long-term care premiums entered on Self-Employed Health Insurance Deduction Worksheets for Schedule K-1 Partnerships and K-1 S Corporations <u> </u> |
| b | If any amount of line 3a was used in the calculation of a pass-through IT-249 credit from a Partnership or S Corporation on line 4 or 5 of this form, enter that amount on this line (See tax help for more information) (<u> </u>) |
| 4 | Other adjustments <u>2,987.</u> |
| 5 | Qualified long-term care insurance premiums paid for the current tax year <u>2,987.</u> |

SMART WORKSHEET FOR: IT-2105.9: Underpayment of Estimated Tax

| Form IT-2105.9 Line 1 Smart Worksheet | |
|---------------------------------------|---|
| 1 | Total tax from 2016 Form IT-201, line 61 or Form IT-203, line 58 <u>12,796.</u> |
| 2 | Enter sales or use tax from 2016 Form IT-201, line 59 or Form IT-203, line 56 <u>0.</u> |
| 3 | Enter voluntary contributions from 2016 Form IT-201, line 60 or Form IT-203, line 57. <u> </u> |
| 4 | Add lines 2 and 3 <u>0.</u> |
| 5 | Subtract line 4 from line 1. Enter here and on Form IT-2105.9, Part 1, line 1 <u>12,796.</u> |

SMART WORKSHEET FOR: IT-2105.9: Underpayment of Estimated Tax

Form IT-2105.9 Line 16 Smart Worksheet

Check this box if you did not file a 2015 return or if your 2015 tax year was for a period of less than 12 months. If this box is checked, the amount from line 13 will be entered on line 17 ☐

- 1 Total tax from 2015 Form IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55) 13,476.
- 2 Enter the total of any credits claimed from 2015 Form IT-201, lines 63-71; or Form IT-203, lines 60 and 61. Also include any payments received in the fall of 2015 for the property tax freeze credit and family tax relief credit
- 3 Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16.
If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2015 is more than \$150,000 (\$75,000 if married filing separately for 2016) enter 110% of this amount 14,824.

SMART WORKSHEET FOR: NYC1127: Form for Nonresident Employees of NYC (Taxpayer)

Form NYC-1127 Smart Worksheet

Check if:

- ☐ Married filing jointly for state purposes and separately for 1127 purposes
☐ The employee was not a full year employee of the City of New York

- 1 Date current employment with the City of New York began 02-15-1999
- 2 If employment ended in 2016, enter final date of employment
- 3 Number of months employed by the City of New York in 2016 12

Note: If Married filing jointly for state purposes and separately for 1127 purposes, **or** if not employed by the City of New York for the entire year, NYC-1127 NYC-1127, Schedule A must be completed.

If not employed by the City of New York for the entire year, enter on line 2 of Schedule A the amount of income earned during the period of time **not** employed by the City of New York employee. You must also attach an explanation statement noting the period of employment during 2016 as well as how the income for Schedule A was calculated. QuickZoom to an explanation statement to enter that information

Additional information from your 2016 New York Tax Return

IT-2105.9: Underpayment of Estimated Tax Underpayment Statement

Explanation Statement

| Penalty | | | | | | | |
|----------------|----------|------------|-------------|-----------------|---------|-----------|---------|
| Event | Date | Amount Due | Amount Paid | Running Balance | Percent | # of Days | Penalty |
| AMOUNT DUE | 04/18/16 | 0 | | 0 | 7.50 | 0 | |
| WITHHOLDING | 04/18/16 | | 2348 | -2348 | 7.50 | 58 | |
| AMOUNT DUE | 06/15/16 | 0 | | -2348 | 7.50 | 0 | |
| WITHHOLDING | 06/15/16 | | 2349 | -4697 | 7.50 | 92 | |
| AMOUNT DUE | 09/15/16 | 0 | | -4697 | 7.50 | 0 | |
| WITHHOLDING | 09/15/16 | | 2349 | -7046 | 7.50 | 107 | |
| DAILY RATE CHG | 12/31/16 | | | -7046 | 7.50 | 17 | |
| AMOUNT DUE | 01/17/17 | 11516 | | 4470 | 7.50 | 0 | |
| WITHHOLDING | 01/17/17 | | 2349 | 2121 | 7.50 | 0 | |
| PAYMENT | 01/17/17 | | 4000 | -1879 | 7.50 | 91 | |
| DATE FILED | 04/18/17 | | | -1879 | 7.50 | | |
| - QUARTER 1 | | | | | | | 0.00 |
| - QUARTER 2 | | | | | | | 0.00 |
| - QUARTER 3 | | | | | | | 0.00 |
| - QUARTER 4 | | | | | | | 0.00 |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

| | | | | | |
|---|--|--|---------|----|---------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see instructions) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 2 | | | | |
| 3 | Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | |
| Taxes You Paid | | 5 State and local (check only one box): | | | |
| a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 14,535. | | |
| b | <input type="checkbox"/> General sales taxes | | | | |
| 6 | Real estate taxes (see instructions) | 6 | 12,361. | | |
| 7 | Personal property taxes | 7 | | | |
| 8 | Other taxes. List type and amount ► | 8 | | | |
| 9 | Add lines 5 through 8 | | | 9 | 26,896. |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | | 10 | 630. |
| Note: Your mortgage interest deduction may be limited (see instructions). | | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | | 11 | |
| | | 12 Points not reported to you on Form 1098. See instructions for special rules | | 12 | 16. |
| | | 13 Mortgage insurance premiums (see instructions) | | 13 | |
| | | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | 14 | |
| | | 15 Add lines 10 through 14 | | 15 | 646. |
| Gifts to Charity | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | | 16 | 2,250. |
| If you made a gift and got a benefit for it, see instructions. | | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | 17 | 40. |
| | | 18 Carryover from prior year | | 18 | |
| | | 19 Add lines 16 through 18 | | 19 | 2,290. |
| Casualty and Theft Losses | | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Employee business expenses | | 21 | 8,589. |
| | | 22 Tax preparation fees | | 22 | 80. |
| | | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► Magazines, and books for investment | | 23 | 300. |
| | | 24 Add lines 21 through 23 | | 24 | 8,969. |
| | | 25 Enter amount from Form 1040, line 38 25 219,880. | | 25 | |
| | | 26 Multiply line 25 by 2% (0.02) | | 26 | 4,398. |
| | | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | 4,571. |
| Other Miscellaneous Deductions | | 28 Other—from list in instructions. List type and amount ► | | 28 | |
| Total Itemized Deductions | | 29 Is Form 1040, line 38, over \$155,650? | | 29 | 34,403. |
| | | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | |
| | | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | | |
| 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | | | |